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PROFESSIONAL BEHAVIORS NECESSARY FOR THE SOCIALIZATION OF NURSING STUDENTS

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Degree for which thesis was presented — Grade pour lequel cette thèse fut présentée

M. ED.

Year this degree conferred — Année d'obtention de ce grade

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PROFESSIONAL BEHAVIORS NECESSARY FOR THE SOCIALIZATION OF NURSING STUDENTS

by

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A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF EDUCATION

DEPARTMENT OF EDUCATIONAL ADMINISTRATION

EDMONTON, ALBERTA

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Date...June.11,.1982.....

ABSTRACT

The purpose of this study was to expand an established and existing study (Deane, 1978) to determine which professional behaviors should be acquired by nursing students prior to graduation in their socialization to the professional role of the nurse.

All participants for the study were affiliated in some manner to the University of Alberta Hospitals in Edmonton, Alberta. The study sample consisted of five populations: University of Alberta Hospitals School of Nursing faculty, recent graduates and senior students, as well as the University of Alberta Hospitals nursing unit supervisors and nursing unit-based/inservice instructors.

Minor revisions were made to the terminology and format of Deane's (1978) original questionnaire prior to distribution to the participants. The first section of the questionnaire requested educational, professional and demographic information. The second section consisted of twenty-five professional behaviors. Respondents were requested to select the option - essential, preferred or not necessary - that best represented their opinion as to whether the professional behavior should be acquired by nursing students prior to graduation.

The Statistical Package for the Social Sciences (SPSS) was used to develop the programs for the data analysis. Frequency and percentage distributions were utilized to provide a profile of each of the five populations as well as to present their opinions regarding the acquisition of professional behaviors by nursing students prior to graduation. The Chi Square Test was utilized to demonstrate differences among opinions as well as to determine relationships

between the educational, professional and demographic variables of the respondents and their opinions.

Analysis of the data revealed that the majority of the professional behaviors were considered to be essential or at least preferred acquisitions for the nursing student prior to graduation in the opinion of all five groups. Behaviors in the category of expertise and autonomy were felt to be essential. Behaviors in the category of responsibility to society were felt to be either essential or preferred. Behaviors in the category of professional commitment were felt to be preferred acquisitions prior to graduation but were not considered to be essential. The majority of the differences in opinions among the five groups were in the categories of responsibility to society and professional commitment. The variables of age and nursing education background had the most significant effect on the opinions expressed.

Implications for both nursing education and nursing practice as well as recommendations for further research are outlined.

The results of the study indicated a need for comparative studies involving a larger sample from other educational programs and health care institutions. Criteria demonstrating the professional behaviors need to be developed. Methods of socialization which are effective in producing the desired professional behavior need to be determined. As well, there is a need for further study of the influencing factors and issues related to this socialization process.

ACKNOWLEDGEMENTS

I would like to express my appreciation and gratitude to the many individuals who assisted in making this study possible:

To Dr. E. Seger, my advisor, for his time, guidance and assistance.

To Dr. D. Richards, a member of the committee, for his assistance with the data analysis.

To Dr. L. Lewchuk, a member of the committee, most sincere thanks for his ever present guidance, support and encouragement throughout the course of this study.

To Chris Prokop, whose expertise in preparation of computer programs and data analysis provided valuable assistance.

To Joanne Hilger, for typing the manuscript draft as well as the original proposal.

To Dolores Kazantzidou, for typing this completed thesis.

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CHAPTER I

STATEMENT OF THE PROBLEM

INTRODUCTION

Socialization during the educational process refers to the selective acquisition of knowledge, attitudes, values and skills of a particular role, resulting in professional behavior. Authorities appear to agree that education programs provide inadequate socialization of students for future professional roles to enable them to assume professional behavior as graduates. Several authors (Abrahamson, 1967; Kramer, 1974; Olesen & Whittaker, 1968) identified one of the main issues as being that of professional education's inability to provide for a smooth transition from the educational setting to professional practice.

Challenging successful professional socialization are the rapidly increasing new technologies, new knowledges and skills, and expanded, often undefined roles, in virtually all disciplines. As early as 1959, Russell suggested that professional education must have three objectives to effectively prepare graduates for contemporary society:

1. provide the knowledge and skills of the particular discipline.
2. provide a general education to facilitate understanding and functioning in an increasingly complex society.
3. encourage personal growth in the terms of self-awareness, self-actualization and self-understanding.

Students, as well as society in general, are requesting accountability of education programs for the relevance of present curricula to future professional roles. Green (1977) suggested that

identification of what is obsolete and what is essential and relevant is necessary to enable the student to function effectively for the present and into the future. Green advocated that curricula be process-oriented rather than content-oriented in order to provide students with the ability to adjust to the new roles and functions being adopted by the professions in response to changes in society and technology.

According to Deane (1978) professional socialization, if successful, will result in professional behavior. Several authors (Barber, 1965; Blau & Scott, 1962; Cheek, 1967; Corwin, 1965; Mayhew & Ford, 1974; Montano, 1974; Strauss, 1963) have identified behaviors which characterize professionals. Strauss (1963) summarized these behaviors by categorizing them into four broad components of expertise, autonomy, commitment to the profession, and responsibility to society.

If the above arguments are considered logical, it stands to reason that professional education in nursing must also ensure that new members have gained the essential knowledge to participate as effective members of the nursing profession. According to Given (1975), Ndlovu (1979) and Stoller (1978) nursing education programs include the following essential knowledge:

1. mastery of an identified body of knowledge.
2. competence in clinical skills.
3. development of a professional self-concept.

As one part of her study, Deane (1978) identified behaviors that were typically characteristic of the professional nurse and then gathered the opinions of baccalaureate faculty as to which of these behaviors were essential for the nursing student to acquire prior to graduation. Realizing that her sample was somewhat restricted and

that opinions from a more diverse group would strengthen her premise, she recommended that a comparative study be undertaken. The purpose of this would be to determine whether the opinions of various nursing personnel differ with respect to which professional behaviors are essential for the nursing student to acquire prior to graduation. The intent of this study then is to address the acquisition of professional behaviors by nursing students prior to graduation as viewed by nursing personnel other than those teaching in a baccalaureate program.

THE PROBLEM

The overall purpose of this study is to expand an established and existing study in order to determine which professional behaviors are essential for the nursing student to acquire prior to graduation. To achieve this, the following research questions have been developed:

1. Which professional behaviors should be acquired by nursing students prior to graduation, in the opinion of the following groups of individuals:

   a) University of Alberta Hospitals School of Nursing faculty.

   b) University of Alberta Hospitals School of Nursing recent graduates.

   c) University of Alberta Hospitals School of Nursing senior students.

   d) University of Alberta Hospitals nursing unit supervisors.

   e) University of Alberta Hospitals nursing unit-based/inservice instructors.

2. What are the differences, if any, among the opinions of the groups specified in research question #1 with respect to the acquisition

of professional behaviors prior to graduation?

3. What are the relationships between the educational, professional and demographic backgrounds of the groups specified in research question #1 and their opinions about the acquisition of professional behaviors prior to graduation?

IMPORTANCE OF THE STUDY

The significance of this study is a basic concern related to inability of professional nursing education to provide for a smooth transition from the educational setting to professional practice.

Nursing education is responsible for the adequate socialization of its students to the role of the professional nurse. Professional behaviors are the result of that successful professional socialization. Determination of which professional behaviors are essential for the nursing student to acquire prior to graduation, and which professional behaviors can be acquired after graduation is an important issue for both nursing education and nursing practice.

This study should have value in that it will add to the rather limited amount of research which has been done on the acquisition of professional behaviors by nursing students. In particular, the study will provide an indication of the degree of consensus among various groups of nursing professionals as to which professional behaviors are essential for the nursing student to acquire prior to graduation.

DEFINITION OF TERMS

The following terms are defined for purposes of clarity:

Socialization refers to the acquisition of knowledge, skills, attitudes and values of a particular role.

Professional behavior is the outcome of the acquisition of the knowledge, skills, attitudes and values of a particular role that will enable the individual to function effectively as a member of the profession.

University of Alberta Hospitals School of Nursing faculty refers to all full-time instructors who actively participate in the instructional aspects of the University of Alberta Hospitals School of Nursing diploma program. Members of the administrative team who are involved in the day-to-day operations of the program have also been included.

University of Alberta Hospitals School of Nursing recent graduates refers to all students who graduated from the University of Alberta Hospitals School of Nursing diploma program within 12 months preceding December 31, 1981.

University of Alberta Hospitals School of Nursing senior students refers to all students in the University of Alberta Hospitals School of Nursing diploma program who are within seven months of graduation as of December 31, 1981.

University of Alberta Hospitals nursing unit supervisors refers to all those individuals who are designated as being in charge of a nursing unit or ward and thus are assigned the title, nursing unit supervisor at the University of Alberta Hospitals.

University of Alberta Hospitals nursing unit based/inservice instructors refers to all those individuals who have been assigned to provide inservice education for nursing staff as defined by the Inservice Education Department at the University of Alberta Hospitals, Division of Nursing.

LIMITATIONS

This study is limited by the nature of the participants involved. Perhaps a greater involvement of professional nurses from other educational programs and health care institutions might increase the generalizability of the results.

The format of the questionnaire design for data collection is also a limitation. Since this study is essentially a replication, but to a different group of nursing professionals, some limitations to the scope of the questionnaire may be evident.

In addition, there may be some degree of subjectivity in the understanding of the terminology used resulting in different interpretations of the questions by the participants.

ORGANIZATION OF THE THESIS

Chapter I has described the purpose of the study, listed the specific research questions to be answered, defined important terms used in the study, and outlined the significance and limitations of the study.

Chapter II contains a detailed review of the literature related to socialization as a general concept, as well as socialization to a particular role, specifically that of the professional nurse.

Chapter II explains the research design used to gather data for the study. It also describes the instrument and the procedures involved in collecting the data.

Chapter IV presents the description of the data analysis and a discussion of the findings.

Chapter V provides a summary of the study, conclusions, implications and recommendations.

CHAPTER II

REVIEW OF THE LITERATURE

OVERVIEW OF THE CONCEPT OF SOCIALIZATION

Elkin (1972:4) defined socialization as "the process by which someone learns the ways of a given society or social group so that he can function within it." It is important to note that there exists a variety of cultures and subcultures within society in general; socialization refers to the specific processes by which individuals are inducted into their particular subculture, not culture as a whole, thus placing some limitation on their ability to function in a larger society. Elkin suggested that a given society is made up of certain norms, values, statuses, and roles, enabling the prediction, within limits, of how people will behave, think and feel; thus encouraging conformation to, and reinforcement of, accepted standards of behavior. In this way, past experiences provide a guideline for dealing with new situations encountered for the first time. Elkin further elaborated on the concept of socialization by stating that learning is a dynamic process which takes place within a medium of emotionally significant relationships, resulting in changes in behavior. For example, a child's first emotionally significant relationship is usually with his mother and thus socialization begins with his personal attachment to her. Clausen (1973) reinforced Elkin's contention that as the child grows older various other significant relationships form, their convergent and divergent expectations influencing this learning.

According to McNeil (1969) the dimensions of socialization are many - emotional, social, cognitive, perceptual, intellectual, behavioral, as well as expressive. Goslin (1969) believed that socialization

involves both conscious and unconscious learning, external sanctions, reinforcement, internalization, imitation and identification. He stated that socialization is a dynamic two-way process between an individual and his environment. McNeil (1969) went on to state that an individual's self-image is composed of the skills, knowledge, attitudes, values, motives, habits, beliefs, needs, interests and ideals derived from this process.

Elkin (1972) saw the essence of socialization as being the internal regulation of behavior in a manner which satisfies both the interpersonal situation as well as the larger social order. He indicated that society expects the results of socialization to be twofold: a motivated commitment on the part of the individual to accept the obligations of his roles and the development of some kind of competence.

Goslin (1969) described socialization as the process by which an individual's past experiences influence future behavior. Elkin (1972) suggested that socialization is not confined to infancy and childhood but continues throughout the lifecycle of the individual.

ADULT SOCIALIZATION VERSUS CHILDHOOD SOCIALIZATION

Goslin (1969) distinguished between two theoretical approaches to socialization. The psychological approach describes the individual as playing a passive role in the socialization process, responding to, rather than initiating learning experiences. The sociological approach, on the other hand, describes the individual as playing an active role in the socialization process, consciously choosing appropriate learning experiences to acquire new skills or alter existing behavior. The difference between these two theories is the essence of the differentiation between childhood and adult socialization.

There appears to be consensus among many writers that there is a difference between adult and child socialization (Brim, 1966; Elkin, 1972; Goslin, 1969; Knowles, 1973; Rosow, 1965). Rothenberg (1980:19) provided a concise summary of the literature related to this difference when she stated:

> Although there is often overlapping in individual situations, the socialization of adults differs from primary, or child, socialization in two distinct ways. First, one finds goals and motivation provided by an extrinsic and often affectionately bonded source for earlier socialization, while self determined intrinsic goals and motivations serve adults. The child frequently assumes the role of a learner, adhering to predetermined roles, and dependent upon a socialization agent, while the adult is more often autonomous or self-directed. The content of socialization also differs; children must develop a personal identity, learn the ideals, the basic values, the 'shoulds' of role-general situations while adults must develop specific role behaviors for real situations, primarily, interpersonal aspects of new adult roles. Adults must also develop ability to use prior knowledge to solve problems.

Rosow (1965:35) defined adult socialization as "the process of inculcating new values and behavior appropriate to adult positions and group memberships." Brim (1966:5) stated that "role acquisition is probably the most important aspect of adult socialization." Elkin (1972) concurred with Brim and specified further that formulation of an occupational identity is the major focus of adult socialization.

PROFESSIONAL SOCIALIZATION

The acquisition of required knowledge and skills, a sense of occupational identity, and the internalization of the social values, behavior norms and symbols of a specific occupational group is known as professional socialization (Moore, 1970; Vollmer and Mills, 1966). According to Rothenberg(1980:21) "the professional role is the content of professional socialization."

Hinshaw (1977:1) stated that "each of the professions has delineated roles and defined standards for how individuals in a particular role should act or behave." Rosow (1965:35) advocated the following:

> Socialization standards are drawn from the norms of a given target system: a specific role, a group, or the values of broader social categories. Successful socialization produces conformity to shared expectations about values and behavior. But regardless of the target system, socialization always has the same objectives: to inculcate in the novice both values and behavior, or beliefs and action. Our basic premise is that conformity is invariably sought on both dimensions; all socialization processes are directed to these twin ends. In any context, the fully socialized person internalizes the correct beliefs and displays the appropriate behavior.

Kramer (1974) noted that the concept of socialization refers to the period of time during which individuals learn the necessary knowledges and skills as well as undergo the self-identity and internalization process to prepare themselves for a specific role. According to Rothenberg (1980:25) "the process of socialization formally begins with entry into a professional program." McNeil (1969) advocated that socialization is a process of providing controlled learning experiences. Green (1977) described education as the socialization process during which the essential prerequisites of commitment and the capacity for future role performance are developed. McGlothin (1964) recommended that objectives of professional education include professional competence, an understanding of society, ethical behavior, and an appreciation for lifelong learning. Schein (1972) also maintained that professional education should provide for the students' transition to professional practice and for the continuing education necessary for practitioners. The individual must be able to function effectively tomorrow as well as today. Green (1977) suggested that new roles and functions are being adopted by professions in response to changes in society and technology.

Professional concepts must be taught along with professional knowledge and skills in order to shape cognition, perceptions and attitudes pertaining to career related issues.

Olesen (1968:12) concluded that "professional socialization is multidimensional." It is characterized by participatory education, multiple agents of socialization, new views of self and role behaviors and diversity of students. Issues of self-awareness, situational management and integration of multiple roles and selves must be dealt with. According to Olesen, dimensions of the professional role orientation also include professional self-identification, knowledge and skill acquisition, as well as perceived autonomy and perceived bureaucratic control.

Deane (1978) noted that professional socialization, if successful, will result in professional behavior. A number of authors (Barber, 1965; Blau & Scott, 1962; Cheek, 1967; Corwin, 1965; Gross, 1967; Mayhew & Ford, 1974; Montano, 1974; Schein, 1972; Strauss, 1963) have identified and discussed behaviors characteristic of professionals. The majority of the behaviors can be categorized under the four broad components of professionalism identified by Strauss (1963): 1) expertise 2) autonomy 3) commitment to the profession and 4) responsibility to society. Expertise is basic to the acquisition of other professional behaviors and refers to that body of knowledge and skills which can be obtained only through extensive academic training. Autonomy refers to a profession's self-regulation through a code of ethics and standards for practice. Professional commitment is defined as group commitment to the profession as opposed to individual self-interest. Responsibility to society refers to the accountability of professionals to the individual client and to society in general.

According to Goslin (1969) both the skills which are necessary to learn the new behaviors of a given role as well as the skills necessary in the actual performance of the role must be taken into account when considering socialization for a new role. He stated:

> Partial role learning is often necessary before an individual can acquire all of the skills, dispositions and the like, involved in fully adequate performance. In this sense, possession of certain role specific skills may be a prerequisite for the acquisition of new skills. (p. 11)

Goslin felt that if "critical elements are missing from the individual's store of response capabilities, serious discontinuties and disruptions of the socialization process may result when the individual attempts to learn new roles." (p. 12). Deane (1978) believed that the professional socialization which takes place within professional education programs may be considered as the partial role learning referred to by Goslin. She felt it was the responsibility of professional education programs to identify and provide the essential elements, or basic behaviors, necessary for role learning.

Goslin (1969) also spoke to the importance of the characteristics of socialization settings, especially those which facilitate or inhibit the learner's assessment of his own behavior. He stated that "effective socialization is impossible under conditions where the individual is isolated from the system into which he is being socialized." (p. 19) External sanctions provide the individual with an important evaluation tool against which to measure the appropriateness of his behavior. Interaction with individuals in the particular system also enhances the socialization process by providing opportunities for the individual to clarify his interpretation of the role with others. Goslin also indicated that effective socialization settings must allow the

individuals to experiment with alternative behaviors without negative consequences if they should choose inappropriately in the beginning.

THE SOCIALIZATION PROCESS

The literature provides several models of the process of socialization or the methods by which socialization is actually achieved.

Socialization as a Continuum of Personal Development

Smoyak (1974) assimilated the writings of numerous authors and described the process of socialization according to the following five steps: 1) an appraisal of the individual is made by significant others; 2) the appraisals are repeated until they form a pattern; 3) this pattern becomes incorporated into the self; 4) the individual's behavior begins to match the appraisals; 5) with each new development, the "self" is open for reappraisal and the cycle begins again.

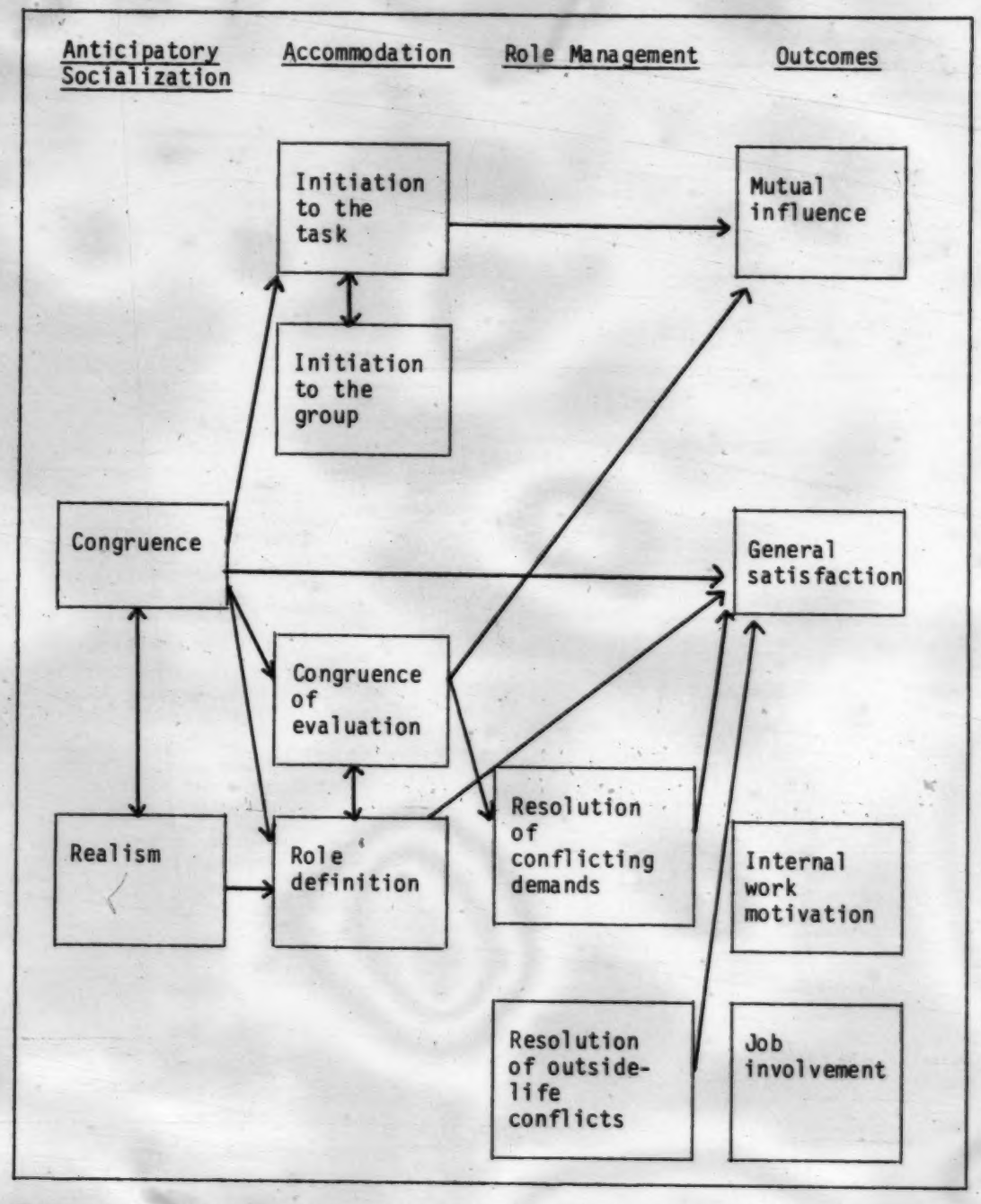
A Contingency Theory of Socialization

Feldman (1976) analyzed the process of socialization in terms of a contingency theory, based upon previous work done on the ways in which employees are socialized into work organizations. The contingency theory postulates that there are three distinct stages of socialization. During each stage there are certain activities the individual engages in, as well as certain factors which influence the individual's progression through the stages. The theory also identifies four possible outcomes of the socialization process. This model of socialization is illustrated in Figure I.

The first stage of socialization according to the contingency theory is that of anticipatory socialization. This stage includes all the learning that occurs prior to the individual's entry into the organization. During this time the individual formulates expectations

Figure 1

Contingency Model of Socialization



Taken from: Feldman, D.C. A contingency theory of socialization. Administrative Science Quarterly, 1976, 21, 449.

about the job and makes decisions about employment. The accuracy of the individual's perception about what the organization is really like as well as the extent to which organizational resources and individual needs and capabilities are congruent will influence progression through this stage.

The second stage of the socialization process is that of accommodation, during which the individual attempts to become part of the organization. During this stage the individual learns new tasks, establishes interpersonal relationships with co-workers, clarifies his roles within the organization and evaluates his progress in the organization. Successful progression through this stage will depend upon the extent to which the individual is accepted and trusted as a competent co-worker. The extent of the congruence between the individual and the work group regarding the definition of the individual's role, as well as the extent of congruence between the employee and supervisor evaluations of the employee's progress also affect progression through this stage.

The third stage, that of role management, is the point at which the individual has resolved issues related to his particular work group; he now has to deal with conflicts between work life and home life as well as conflicts between his own work group and other groups within the organization. The extent of the resolution between outside life conflicts and resolution of conflicting demands at work are the influencing variables at this time.

The four variables identified as possible outcomes of socialization include overall satisfaction with work, influence over the work situation, self-motivation and job commitment.

Feldman also distinguished between successful socialization and complete socialization. Socialization can be thought of as being successful whenever an individual becomes more proficient in the activities in which he is engaged or at resolving the conflicts of a particular stage. Socialization can be successful at any point in the process. However, socialization is complete only when the individual has successfully progressed through all three stages. The level of the outcome variables increases as the individual progresses through the stages of the socialization process.

Socialization as a Developmental Process

Brief, Aldag, VanSell and Melone (1979:161) defined socialization as "the acquisition of the expectations and behavior that define an organizational role" and described the process by which this is accomplished as being developmental in nature.

During the first phase, the anticipatory phase, the prospective role incumbent is in an educational setting acquiring the knowledge, skills and expectations of the role he has chosen. As a result of this experience a definition of the role is formulated.

During the second phase, the on-the-job phase, the perception of the role which was developed during the first phase must undergo a period of adjustment as demands of the role senders may be incongruent with those expected. Hinshaw (1977:11) defined role senders as "persons in complement roles who communicate and both hold and enforce certain relevant role expectations."

In the role management phase, the third phase, the role incumbent negotiates or modifies his role to satisfy both his own preferences as well as the expectation of others. Goslin (1969:7) also spoke to role

negotiation when he stated, "occupancy of a social position involves both responding to the expectations of significant others in the interactional system and exercising one's rights to expect certain behavior from other participants."

Socialization as a Change Process

Several writers have addressed socialization as a change process. Socialization involves learning and learning means change. Woolley (1978:106) stated:

> The change process is really socialization, or the process of learning roles. It also refers to the period of time spent in learning or relearning certain knowledge, behavior and values. Each change in career pattern requires a new period of socialization.

Process of social influence. Kelman (1961) discussed the three steps of the process of social influence. Each step is characterized by a distinct set of antecedent and consequent conditions. Compliance occurs when an individual adopts a new behavior "because it is instrumental in the production of a satisfying social effect." (p.62) The individual does not believe in the behavior, but views it as a method of obtaining what he wants.

Identification occurs, according to Kelman (1961), "when an individual adopts behavior derived from another person or group because this behavior is associated with a satisfying self-defining relationship to this person or group." (p.63) The behaviors or attitudes of the role model are adopted because the individual wishes to maintain interaction with the role model. The individual believes in the opinions and actions that he adopts, but they are not yet integrated into his own value system; the individual is concerned with meeting the other's expectations for his own performance. Woolley (1978) and

Hinshaw (1977) indicated that because of the conflict of values and systems, a role model who can demonstrate the integration of conflicting systems is crucial to this stage.

Kelman (1961:65) stated that the final step, that of internalization, "can be said to occur when an individual accepts influence because the induced behavior is congruent with his value system. It is the content of the induced behavior that is intrinsically rewarding here." He cautioned, however, that this congruency could occur with a value system that is basically irrational as well as rational.

Figure 2 illustrates this model of the socialization process. Although shown as three distinct steps, Kelman stressed that these steps are not mutually exclusive.

Model of Planned Change. Schein (1972) developed a model of planned change in professional education.

> Planned change involves the learning of new concepts and ideas, new attitudes and values, and new patterns of behavior and skills. ... The essence of a planned change process is the unlearning of present ways of doing things. It is in this unlearning process that most of the difficulties of planned change arise. (p.75)

A summary of this three-stage model is presented in Figure 3. Schein noted that the model is cyclical and dynamic. He stated that particular attention must be paid to stages 1 and 3 since new unfreezing forces are always in operation; as such the refreezing stage does not imply that a permanent solution is in existence.

Marris (1974) believed that feelings of loss and grief usually accompany personal and social change, even when that change is beneficial. He identified three possible types of change:
1) Substitutional change occurs when alternative means to meeting familiar needs are adopted. 2) Change may be representative of growth

Figure 2

Processes of Opinion Change

SUMMARY OF THE DISTINCTIONS BETWEEN THE THREE PROCESSES

	Compliance	Identification	Internalization
Antecedents:			
1. Basis for the importance of the induction	Concern with social effect of behavior	Concern with social anchorage of behavior	Concern with value congruence of behavior
2. Source of power of the influencing agent	Means control	Attractiveness	Credibility
3. Manner of achieving prepotency of the induced response	Limitation of choice behavior	Delineation of role requirements	Reorganization of means-ends framework
Consequents:			
1. Conditions of performance of induced response	Surveillance by influencing agent	Salience of relationship to agent	Relevance of values to issue
2. Conditions of change and extinction of induced response	Changed perception of conditions for social rewards	Changed perception of conditions for satisfying self-defining relationships	Changed perception of conditions of value maximization
3. Type of behavior system in which induced response is embedded	External demands of a specific setting	Expectations defining a specific role	Person's value system

Taken from: Kelman, H.C. Processes of opinion change. Public Opinion Quarterly, 1961, 25, 67.

Figure 3

A Model of Planned Change

Stage 1:	Unfreezing:	Creation of the motivation to change
	Mechanisms:	(1) Lack of confirmation or disconfirmation of present beliefs, attitudes, values or behavior patterns
		(2) Induction of "guilt-anxiety" by comparison of actual with ideal states
		(3) Creation of psychological safety by the reduction of threats or removal of barriers to change
Stage 2:	Changing:	Developing new beliefs, attitudes, values, and behavior patterns on the basis of new information obtained and cognitive redefinition
	Mechanisms:	(1) Identification with a particular source of information and redefinition through perceiving things as the source perceives them
		(2) Scanning multiple sources of information and redefinition through new integration of information
Stage 3:	Refreezing:	Stabilizing and integrating new beliefs, attitudes, values, and behavior patterns into the rest of the system
	Mechanisms:	(1) Integrating new responses into the total personality or culture
		(2) Integrating new responses into ongoing significant relationships and into total social system through reconfirmation by significant others

Taken from: Schein, E.H. Professional Education. Toronto: McGraw-Hill, 1972, 76.

as long as the integrity of what already exists is not threatened.
3) The third type is interpreted as loss, whether actual or perceived, due to death or discrediting of familiar assumptions. Both innovation and despair may arise from this crisis of discontinuity.

Socialization as a Sequential Process

Simpson (1967) hypothesized socialization to be a sequential process. She described socialization as learning the cultural content of a role (ie. its skills, knowledge and behavioral modes) as well as acquiring self-identification with the role. Three distinct phases characterize this acquisition of cultural content and self-identification with roles. Although these phases may overlap, generally they constitute a sequence.

Hinshaw (1977) developed a general model of socialization based on earlier work of Simpson. Because the adult has already learned a variety of roles and values, he has acquired a certain perspective of the world. From this perspective he chooses an occupation based upon his expectations of that particular occupational role. The goal of socialization during this first phase is to transform these anticipatory role expectations to the role expectations as defined by the societal group being entered. Because the adult has consciously chosen to enter into the socialization process it is assumed that he will take an active part in the process.

In the second phase, the individuals attach themselves to significant others within the social system in which they are currently accountable. Through the relationships with these role models, the individuals will be able to identify incongruencies in role expectations.

Internalization of the values and behaviors of the new role occurs during the third phase. The degree to which internalization occurs depends upon how the incongruencies in the second phase were handled. The model by Kelman (1961) described earlier, discussed the three levels of value and behavior change that can be achieved.

Davis' (1966) doctrinal conversion model also focused on the transition of changing values and role images from that of a lay person to that of a professional. The two models are depicted in Figure 4.

Resocialization Process

Two major professional socialization processes have been described by researchers. The initial socialization occurs through a formal education process whereby lay people are socialized to a professional role. A resocialization process subsequently occurs as graduates leave their formal education program to enter their chosen occupation. The individual now has to operationalize professional values in an organized work setting. Hinshaw (1977) noted that two dominant value systems may exist which may require two sets of behaviors. This has been labelled as the professional-bureaucratic conflict.

The professional work system has already been discussed. The bureaucratic work system is characterized by rules, regulations, hierarchy of authority and division of labor. Hinshaw (1977) recognized that conflict is a normal expectation in both types of professional socialization. Conflict during the initial socialization process is due to the difference between the lay and the professional image of a role. The expected resolution of this conflict is adoption of the professional role. On the other hand, conflict resolution during the resocialization process should result in the integration of the professional and

Figure 4

Empirical Model: Socialization into a Professional Role

GENERAL MODEL	DAVIS' MODEL OF DOCTRINAL CONVERSION
PHASE ONE	STAGE ONE
Anticipatory Role Expectations	Initial Innocence
VS	
Role Expectations of Socializing Group	STAGE TWO
	Incongruencies Labeled
PHASE TWO	
Label Incongruencies in Value System	STAGE THREE
	"Psyching Out"
Attachment to Significant Others	STAGE FOUR
	Role Simulation
PHASE THREE	
Internalization and Integration of Values and Expectations	STAGE FIVE
	Provisional Internalization
	STAGE SIX
	Stable Internalization

Taken from: Hinshaw, A.S. Socialization and resocialization of nurses for professional nursing practice. Socialization and resocialization of nurses for professional nursing practice, New York: National League for Nursing, 1977, 5.

bureaucratic work systems.

Based upon extensive research, Kramer (1974) developed a four-stage postgraduate resocialization model: 1) skill and routine mastery 2) social integration 3) moral outrage and 4) conflict resolution. In the first stage the individual concentrates on mastering specific skills and techniques because of feelings of inadequacy and lack of confidence. Having adequately mastered the necessary skills and procedures, the individual's concern moves on to the image he presents to others. Getting along with co-workers and getting in with the group are characteristics of the second stage. In the third stage, moral outrage, the individual recognizes the incongruencies between the role as defined by professional education and the behavior which actually occurs at work. He feels frustrated and betrayed by both the professional education and the new work setting. Kramer suggested four possible types of conflict resolution occurring in the fourth stage: 1) adopting bureaucratic behavior but maintaining professional values, 2) adopting bureaucratic behavior and discarding professional values, 3) capitulating both professional and bureaucratic values and behavior and conforming to perform minimally, 4) effectively integrating the values and behavior of both the professional and bureaucratic work systems. Kramer cautioned that these stages are not distinctly separate, but often overlap. She also stated that the process is cyclical in nature with various opportunities for entry and exit.

SOCIALIZATION TO THE PROFESSIONAL NURSE ROLE

The Canadian Nurses' Association (1980:v) stated:

> The nursing profession exists in response to a need of society and holds ideals related to man's health throughout his life span.

> Nurses direct their energies toward the promotion, maintenance and restoration of health, the prevention of illness, the alleviation of suffering and the ensuring of a peaceful death when life can no longer be sustained. ... Nursing, a dynamic and supportive profession guided by its code of ethics, is rooted in caring, a concept evident throughout its four fields of activity: practice, education, administration and research.

According to Malasanos (1976:20) "socialization into the nursing role includes the processes of acquisition of attitudes, values, skills, and behavior patterns that satisfy the role expectations and role behavior of the profession." As mentioned earlier by Rosow (1965) standards for the socialization process are drawn from the norms of a given target system and a specific role and set of values within that system. Hinshaw (1977:2) indicated:

> From the perspective of professional nursing, the adult socialization/resocialization processes are drawn from the norms of service professions and guide the specific role of professional nurses. The processes ultimately provide both the values and behaviors required for nursing practice.

Deane (1978:10) defined professional socialization as "the process by which individuals acquire the knowledge, skill and attitudes that will enable them to participate as effective members of the profession."

Olesen and Whittaker (1968) saw professional socialization as being multidimensional. Rothenberg (1980:24) stated:

> The varieties of settings and situations, the range of significant individuals, the planned and unintentional experiences that enter into the socialization of professional nurses all contribute to the process of becoming a nurse. Socialization for the professional nurse role is complex. No one method explains the process; no one agent can claim total control.

Several major methods of socialization used by the nursing profession have been identified in the literature. Rothenberg (1980) classified the methods of socialization into four broad categories: 1) methods used by the educational program 2) methods used by faculty and

practicing professionals 3) socialization by the environment and 4) self-directed socialization.

According to Rothenberg (1980) the educational program performs its socialization function by communicating professional nursing goals and expectations as well as by formal teaching of theory, skills and values. Priority is given to learning role-general content over role-specific behaviors and the transmission of the "shoulds" of the profession. Rothenberg also proposed that "the values of the educational program, growing from those of its parent institution, greatly influence socialization of the new nurse". (p.31) Several writers (Bevis, 1975; Brief et al, 1979; Davis, 1972; Goad, 1980; Jones, 1976, 1977; Ndlovu, 1979; Stoller, 1978; Thomas, 1978) discussed the different orientations - service, bureaucratic and professional - of nursing education programs and their influence upon the socialization of students. Hinshaw (1977) described the formality of the initial socialization setting as the degree of segregation of the educational setting from the "real" work setting. If the degree of segregation is substantial, the professional-bureaucratic conflict is increased. Expectations and roles of the organized work systems are different from those learned in the educational setting and conflict is a predictable consequence. Thus it is important for the student in the educational setting to be assisted in anticipating these differences.

Rothenberg (1980) advocated that faculty are the role models for the professional nurse role and as such facilitate the learning process by controlling the pacing, sequencing and complexity of student experiences in the development of the professional nurse role. Interactions with other practicing professionals provide the student with

opportunities to act in collaborative roles and to identify those aspects of the professional role which interface with other health care professions. Gliebe (1977), Thomas (1978) and Ondrack (1975) emphasized the necessity of consistency and consensus among role modelling for effective socialization.

Because professional nurses are involved in a complex system of role interrelationships the possibility of intrarole conflicts is increased. Each group of role senders have developed expectations of the position holder's role according to their own organizational goals, norms and values.

Rothenberg (1980:43) stated that "both physical and interpersonal environments provide structure for developing the professional nurse role and opportunities for realistic application of theoretical learning." She went on to discuss the physical design of classroom and clinical facilities, methods of conveying to the student predetermined role prescriptions and the use of power and authority in the various role arrangements. Rothenberg (1980:48) stated: "the clinical learning environment provides socialization of a very realistic nature because of the availability of real clients and the similarity to work environments anticipated by nursing students." Hegarty (1975) found that early contact with patients aids the socialization process. However, Leonard (1976) recognized the stress created by the dual role of student and professional in the clinical setting. The manner in which student nurses react in this real life encounter affects them as well as the patients.

In self-directed socialization, Rothenberg (1980:64) stated:

Students use methods of socialization that allow them to develop

> behaviors appropriate to an immediate situation, to modify 'shoulds' of the role in response to specific situational needs for which prescription may not exist. These methods allow the student increasing control over the nature of the developing role, allowing for individualized styles and responses in interactions with others.

Hinshaw (1977) also identified the acceptance of nursing as a profession, the dominant sex make-up of the profession and the ethnicity of the person being socialized as factors influencing the socialization/resocialization process. According to Hinshaw, the expanded roles and accompanying responsibilities of the professional nurse are often not yet accepted by either society or the veterans in the work setting. Hinshaw stated that the dominant sex make-up of a profession determines the definition and enactment of the professional role, the degree of career commitment given to the professional role, as well as the manner in which major role senders interact with the role incumbents. Kruegar (1980) maintained that the female sex-role socialization interferes with managerial ability. Kjervik (1979) spoke to the lack of assertiveness necessary for functioning as autonomous professionals. Lewis (1979) and Hinshaw (1977) addressed the lack of career commitment as being part of the socialization of an adult female. Gleson (1968) recognized that there is a possibility of two types of socialization occuring simultaneously; developmental socialization whereby the individual is acquiring the adult role and self, and resocialization whereby the individual goes from the layman to the professional role. Hinshaw (1977) and Miao (1971) also addressed the effects of individual variation on the process of socialization.

CHAPTER III

DESIGN OF THE STUDY

This chapter provides an outline of the research design and the procedures used in the study. The chapter begins with a description of the research instrument used to gather the opinions of the sample populations as to which professional behaviors are essential for the nursing student to acquire prior to graduation. This will be followed by a description of the five sample populations. The final section will discuss the methods used to collect and analyze the data obtained from this study.

INSTRUMENTATION

Since this study was an expansion of Deane's (1978) study, the original questionnaire as designed and employed by Deane was used to acquire data from a wider group of respondents. Deane's study also dealt with the contributions of clinical laboratory experiences to the professional socialization of nursing students. For the purpose of this study, this section will be omitted. Permission was obtained from Ms. Donna Deane at Ohio State University to use that portion of her original questionnaire which directly addressed the acquisition of professional behaviors by nursing students prior to graduation (See Appendix A).

Pilot testing had already been conducted by Deane prior to her administration of the questionnaire to professional nurse educators. Since the sample populations in this study were also nursing professionals, no further pilot studies were carried out by the researcher.

However, the professional behaviors identified by Deane were compared to the standards for nursing practice developed by the Canadian Nurses' Association (1980) and those developed by the Alberta

Association of Registered Nurses (1980) to determine their validity and reliability in the Canadian and Alberta setting. As all the professional behaviors identified by Deane were referred to in those nursing practice standards, no items were deleted. As well, consultation was carried out with the researcher's examining committee to determine the clarity of terminology and the logistics of questionnaire design. As a result of their input, minor revisions were made to the wording of several items, and one item was subdivided into two separate items. Revisions were also made to the section on demographic data to more accurately reflect the Canadian setting and relevancy to the intent of the study. Adaptations of the demographic questions had to be made for each of the five sample populations. Some changes to the format of the questionnaire were instituted as well.

The questionnaires that were ultimately used were comprised of two parts (See Appendix B). Part I requested educational, professional and demographic data for the purposes of providing a profile of the sample populations as well as for identifying possible variables influencing the responses in the second part. Part II contained the professional nursing behaviors within the four categories characteristic of professionalism. Three options were provided for each response: essential, preferred and not necessary. Respondents were requested to circle the one option that best represented their opinion as to whether each professional behavior should be acquired by nursing students prior to graduation.

THE SAMPLE

All participants for the study were affiliated in some manner to

the University of Alberta Hospitals in Edmonton, Alberta. Five different populations were chosen. Because the size of the populations were relatively small, in each case the entire population was used in the sample.

The sample identified for the purpose of this study consisted of the following:

1. Thirty-five University of Alberta Hospitals School of Nursing faculty.
2. One hundred and fourteen University of Alberta Hospitals School of Nursing recent graduates.
3. Fifty-one University of Alberta Hospitals School of Nursing senior students.
4. Sixty-one University of Alberta Hospitals nursing unit supervisors.
5. Thirty-two University of Alberta Hospitals nursing unit-based/ inservice instructors.

METHODOLOGY

Collection of Data

Permission to gain access to the University of Alberta Hospitals School of Nursing faculty, recent graduates and senior students as subjects was obtained from the Director and Associate Director of the School of Nursing. Permission to gain access to the University of Alberta Hospitals nursing unit supervisors and nursing unit-based/ inservice instructors as subjects was obtained from the Scientific and Ethical Review Committee for Nursing Research. This committee is a subcommittee of the Nursing Research and Scholarly Activities Committee at the University of Alberta Hospitals.

The questionnaire was administered to each member of the populations described in the sample. Prior to the actual administration of the questionnaire, the investigator met with each of the groups as a whole to provide an introduction to the nature of the proposed research. A standard descriptive and objective presentation was prepared in order to give all groups uniform information. The questionnaires were also completed and returned to the investigator at this time. The investigator then contacted and personally delivered the questionnaire, along with the presentation, to those individuals who were not able to be present at the group meeting. A self-addressed envelope was included for returning the questionnaire.

The only exception to the above procedure was with the recent graduates as it was not possible to gather these individuals together as a group. The questionnaire along with a stamped, self-addressed envelope was mailed out to each of the 114 recent graduates.

A follow-up memo was distributed approximately 2 weeks after the group meetings and a follow-up telephone call was made to the recent graduates approximately 3 weeks after the questionnaires were mailed out to encourage any remaining study participants who wished to complete the questionnaire to do so.

Of the 35 questionnaires distributed to the School of Nursing faculty 35 were returned completed giving a 100 percent response.

Of the 51 questionnaires distributed to the School of Nursing senior students 49 were returned completed. Of these, one was not usable, leaving 48 returns to be analyzed giving a 94.1 percent response.

Of the 61 questionnaires distributed to the unit supervisors 45 were returned completed giving a 73.8 percent response.

Of the 32 questionnaires distributed to the unit-based/inservice instructors 25 questionnaires were returned completed giving a 78.1 percent response.

Of the 114 questionnaires distributed to the recent graduates 45 questionnaires were returned completed. Of these, one was not usable, leaving 44 returns to be analyzed giving a 38.6 percent response. The investigator received 10 unopened questionnaires which were returned because the individuals had moved. The follow-up telephone calls also revealed that the individuals had moved or were not able to be reached, thus resulting in the poor response.

In summary then, a total of 197 usable questionnaires out of a possible 293 were returned giving a 67.2 percent response.

Statistical Analyses

Computing facilities at the University of Alberta were used to complete the statistical calculations. The Statistical Package for the Social Sciences (SPSS) was used to develop the programs for the data analysis. Descriptive statistics were used to answer the first research question. Frequencies and percentages were calculated on each item of the questionnaire. The second and third questions were answered by identifying statistically significant patterns through the use of the Chi Square Test.

CHAPTER IV

ANALYSIS OF THE DATA AND DISCUSSION OF THE FINDINGS

This chapter describes the results of the data collection and discusses the findings of the data analysis used in this study. The information is reported in five sections. The first section provides a profile of the five populations in terms of the identified educational, professional and demographic variables. The second section presents the opinions of the five populations as to which professional behaviors should be acquired by nursing students prior to graduation. The third section discusses the differences in opinion among the five populations in regards to the acquisition of professional behaviors by nursing students prior to graduation. The fourth section identifies possible relationships between the educational, professional and demographic backgrounds of the five populations and their opinions about the acquisition of professional behaviors by nursing students prior to graduation. A summary of the chapter is presented in the fifth section.

EDUCATIONAL, PROFESSIONAL AND DEMOGRAPHIC PROFILE OF THE FIVE POPULATIONS

Part I of the questionnaire dealt with educational, professional and demographic data. Data collected from this section of the questionnaire were collapsed into categories. Frequency and percentage distributions were used to summarize the responses.

University of Alberta Hospitals School of Nursing Faculty

Faculty were asked to respond to 19 questions in Part 1 of the questionnaire. This information is presented in Table 1.

Table 1 indicates that all 35 faculty were female with 40 percent being under the age of 30. Slightly more than one half of the faculty

Table 1

Frequency and Percentage Distribution of Educational, Professional and Demographic Variables of Faculty

(N = 35)

Variable		Categories			
Sex		Female	Male		
	f	35	0		
	%	100	0.0		
Age		Under 30	30 - 39	40 & over	
	f	14	19	2	
	%	40.0	54.3	5.7	
Years Employed in Current Position		Less than 1	1 - 5	6 - 10	
	f	10	23	2	
	%	28.6	65.7	5.7	
Years Employed in Nursing Education		Less than 1	1 - 5	6 - 10	Over 10
	f	4	20	9	2
	%	11.4	57.1	25.8	5.7

Table 1 (continued)

Variable		Categories			
Years Employed in Diploma Nursing Education		Less than 1	1 - 5	6 - 10	Over 10
	f	5	20	8	2
	%	14.3	57.1	22.9	5.7
Years Employed in Nursing Practice		Less than 1	1 - 5	6 - 10	Over 10
	f	0	23	10	2
	%	0.0	65.7	28.6	5.7
Employment in Areas Other than Nursing		Yes	No		
	f	18	17		
	%	51.4	48.6		
Basic Nursing Education		Hospital Diploma	College Diploma	Baccalaureate	
	f	24	1	10	
	%	68.6	2.8	28.6	
Country in which Basic Nursing Education Taken		Canada	United States	Other	
	f	35	0	0	
	%	100	0.0	0.0	

Table 1 (continued)

Variable		Categories			
Year Graduated from Basic Nursing Education Program		Prior to 1965	1965 - 1969	1970 - 1974	1975 - 1981
	f	4	9	13	9
	%	11.4	25.7	37.2	25.7
Highest Level of Nursing Education Completed		R.N.	Baccalaureate		
	f	1	34		
	%	2.9	97.1		
Country in which Highest Level of Nursing Education Completed		Canada	United States	Other	
	f	35	0	0	
	%	100	0.0	0.0	
Year Completed Highest Level of Nursing Education		Prior to 1965	1965 - 1969	1970 - 1974	1975 - 1981
	f	1	2	11	21
	%	2.9	5.7	31.4	60.0
Highest Level of Postsecondary Education Completed Other than Nursing*		Baccalaureate	Masters	Doctorate	Other
	f	0	1	0	0
	%	0.0	100	0.0	0.0

Table 1 (continued)

Variable		Categories			
Currently Pursuing Degree in Higher Education**		Yes	No		
	f	12	22		
	%	35.3	64.7		
Utilizing Professional Nursing Journals		Yes	No		
	f	35	0		
	%	100	0.0		
Number of Continuing Education Activities Related to Nursing		None	1 - 2	3 - 5	Over 5
	f	3	14	13	5
	%	8.6	40.0	37.1	14.3
Number of Committees Related to Nursing**		None	1 - 2	3 - 5	Over 5
	f	7	15	12	0
	%	20.6	44.1	35.3	0.0
Number of Research Activities Related to Nursing		None	1 - 2	3 - 5	Over 5
	f	12	16	6	1
	%	34.3	45.7	17.1	2.9

Table 1 (continued)

*N = 1 The remainder of the sample (34) did not respond to the question. Presumably the question did not apply.

**N = 34 The remainder of the sample (1) did not respond to the question.

were between the ages of 30 to 39.

Table 1 indicates the 28.6 percent of the faculty have been employed in their current position less than one year. Approximately two thirds of the faculty have been employed in their current position between one and five years. Table 1 also indicates that 57.1 percent of the faculty have been employed in nursing education between one and five years; this experience also being in a diploma nursing program. All faculty had nursing practice experience prior to being employed in nursing education with 65.7 percent having had between one and five years of experience. Approximately one half of the faculty have also had employment in areas other than nursing.

Table 1 also presents the educational background of the faculty. Of the total faculty, 68.6 percent received their initial nursing education in hospital diploma programs, 2.8 percent in college diploma programs and 28.6 percent in baccalaureate programs. Approximately two thirds of the faculty graduated from their initial nursing education program between 1965 and 1974, 11.4 percent prior to 1965 and 25.7 percent between 1975 and 1981. The majority of the faculty graduated from their highest level of nursing education since 1970. All faculty received their nursing education in Canada. All faculty except for one had a Baccalaureate degree in Nursing. One faculty member also had a Master's degree in Education. One third of the faculty were pursuing a degree in higher education; the majority being a Master's degree in Educational Administration. One faculty member was pursuing a Master's degree in Educational Psychology, one a Master's degree in Family Studies and one a Baccalaureate degree in Nursing.

Table 1 also shows that most of the faculty were involved in

continuing education activities, committees and research activities related to nursing.

University of Alberta Hospitals School of Nursing Recent Graduates

Recent graduates were asked to respond to 11 questions in Part 1 of the questionnaire. This information is presented in Table 2.

Table 2 shows that all 44 participants who responded were female. Two thirds of the graduates were under the age of 25, 27.2 percent were between the ages of 25 and 39, and 11.4 percent were 40 years of age and over.

All participants have graduated from the University of Alberta Hospitals School of Nursing since January 1981. Table 2 shows that prior to enrolling in the nursing education program two respondents had a Baccalaureate degree in an area other than nursing and seven respondents had taken some type of postsecondary education courses. Also the majority had had some form of employment in areas other than nursing. Table 2 indicates that all of the participants were employed in their current position up to 6 months, 58.1 percent from 6 months to 1 year and 23.3 percent over 1 year. Of the 44 participants five were pursuing a Baccalaureate degree in Nursing.

Table 2 also shows that the majority of the graduates were utilizing professional journals to update their knowledge and almost two thirds were involved in continuing education activities related to nursing; however, the majority were not involved in nursing-related committees or research activities.

University of Alberta Hospitals School of Nursing Senior Students

Senior students were asked to respond to eight questions in Part 1 of the questionnaire. This information is presented in Table 3.

Table 2

Frequency and Percentage Distribution of Educational, Professional and Demographic Variables of Recent Graduates

(N = 44)

Variable		Categories			
Sex		Female	Male		
	f	44	0		
	%	100	0.0		
Age		Under 25	25 - 29	30 - 39	40 & over
	f	29	9	1	5
	%	65.9	20.5	2.2	11.4
Months Employed in Current Position*		1 - 6	7 - 12	Over 12	
	f	8	25	10	
	%	18.6	58.1	23.3	
Employment in Areas other than Nursing		Yes	No		
	f	39	5		
	%	88.6	11.4		

Table 2 (continued)

Variable		Categories			
Highest Level of Postsecondary Education Completed other than Nursing**		Baccalaureate	Masters	Doctorate	Other
	f	2	0	0	7
	%	22.2	0.0	0.0	77.8
Currently Pursuing Degree in Higher Education		Yes	No		
	f	5	39		
	%	11.4	88.6		
Utilizing Professional Nursing Journals		Yes	No		
	f	42	2		
	%	95.5	4.5		
Number of Continuing Education Activities Related to Nursing*		None	1 - 2	3 - 5	Over 5
	f	16	8	14	5
	%	37.2	18.6	32.6	11.6
Number of Committees Related to Nursing		None	1 - 2	3 - 5	Over 5
	f	35	8	1	0
	%	79.5	18.2	2.3	0.0

Table 2 (continued)

Variable		Categories			
Number of Research Activities Related to Nursing		None	1 - 2	3 - 5	Over 5
	f	38	5	1	0
	%	86.4	11.3	2.3	0.0
Present Area of Employment		Nursing Practice	Nursing Education		Other
	f	44	0		0
	%	100	0.0		0.0

*N = 43 The remainder of the sample (1) did not respond to the question.

**N = 9 The remainder of the sample (35) did not respond to the question. Presumably the question did not apply.

Table 3

Frequency and Percentage Distribution of Educational, Professional and Demographic Variables of Senior Students

(N = 48)

Variable		Categories			
Sex		Female	Male		
	f	48	0		
	%	100	0.0		
Age		Under 25	25 - 29	30 - 39	40 & over
	f	35	7	4	2
	%	72.9	14.6	8.3	4.2
Employment in Areas other than Nursing		Yes	No		
	f	44	4		
	%	91.7	8.3		
Highest Level of Postsecondary Education Completed other than Nursing*		Baccalaureate	Masters	Doctorate	Other
	f	3	0	0	10
	%	23.1	0.0	0.0	76.9

Table 3 (continued)

Variable		Categories			
Utilizing Professional Nursing Journals**		Yes	No		
	f	44	3		
	%	93.6	6.4		
Number of Continuing Education Activities Related to Nursing		None	1 - 2	3 - 5	Over 5
	f	3	21	18	6
	%	6.3	43.7	37.5	12.5
Number of Committees Related to Nursing		None	1 - 2	3 - 5	Over 5
	f	40	7	1	0
	%	83.3	14.6	2.1	0.0
Number of Research Activities Related to Nursing		None	1 - 2	3 - 5	Over 5
	f	14	28	5	2
	%	29.2	58.3	8.3	4.2

*N = 13 The remainder of the sample (35) did not respond to the question. Presumably the question did not apply.

**N = 47 The remainder of the sample (1) did not respond to the question.

Table 3 shows that all 48 senior students were female. Of all the students, 72.9 percent were under the age of 25, 22.9 percent were between the ages of 25 and 39 and 4.2 percent were 40 years of age and over.

Table 3 also shows that the majority of students have had employment in areas other than nursing. Three students had a Baccalaureate degree in an area other than nursing and 10 students had taken some type of postsecondary education courses.

Table 3 also indicates that the majority of students were utilizing professional nursing journals and continuing education activities in maintaining and updating their nursing knowledge. The majority of students were not involved in committees related to nursing, however, a number of students were involved in research activities pertaining to nursing.

University of Alberta Hospitals Nursing Unit Supervisors

Nursing unit supervisors were asked to respond to 19 questions in Part I of the questionnaire. This information is presented in Table 4.

Table 4 shows that all 45 of the unit supervisors were female, with 55.8 percent between the ages of 30 and 39; the remainder were almost evenly distributed between under the age of 30 and 40 years and over.

Table 4 indicates that 53.3 percent of the unit supervisors have been employed in their current position between 1 and 5 years while 22.2 percent have been employed in their current position less than 1 year. Table 4 also indicates that two thirds of the unit supervisors have been employed in nursing practice for a period of over 10 years. Of this nursing practice experience, 11.1 percent of the participants have been employed in the capacity of unit supervisor for over 10 years,

Table 4

Frequency and Percentage Distribution of Educational, Professional and Demographic Variables of Unit Supervisors

(N = 45)

Variable		Categories			
Sex		Female	Male		
	f	45	0		
	%	100	0.0		
Age*		Under 30	30 - 39	40 & over	
	f	9	24	10	
	%	20.9	55.8	23.3	
Years Employed in Current Position		Less than 1	1 - 5	6 - 10	Over 10
	f	10	24	8	3
	%	22.2	53.3	17.8	6.7
Years Employed in Nursing Practice		Less than 1	1 - 5	6 - 10	Over 10
	f	0	6	9	30
	%	0.0	13.3	20.0	66.7

Table 4 (continued)

Variable		Categories			
Years Employed as Unit Supervisor		Less than 1	1 - 5	6 - 10	Over 10
	f	9	20	11	5
	%	20.0	44.4	24.5	11.1
Years Employed in Nursing Education**		None	1 - 5	6 - 10	
	f	26	9	2	
	%	70.3	11.5	18.2	
Employment in Areas Other than Nursing***		Yes	No		
	f	18	26		
	%	40.9	59.1		
Basic Nursing Education		Hospital Diploma	College Diploma	Baccalaureate	
	f	40	0	5	
	%	88.9	0.0	11.1	
Country in which Basic Nursing Education Taken		Canada	United States	Other	
	f	36	0	9	
	%	80.0	0.0	20.0	

Table 4 (continued)

Variable		Categories				
Year Graduated from Basic Nursing Education***		Prior to 1965	1965 - 1969	1970 - 1974	1975 - 1981	
	f	13	15	8	8	
	%	29.5	34.1	18.2	18.2	
Highest Level of Nursing Education Completed***		R.N.	Baccalaureate	Masters	Doctorate	Other
	f	27	10	0	0	7
	%	61.4	22.7	0.0	0.0	15.9
Country in which Highest Level of Nursing Education Completed		Canada	United States	Other		
	f	37	0	8		
	%	82.2	0.0	17.8		
Year Completed Highest Level of Nursing Education***		Prior to 1965	1965 - 1969	1970 - 1974	1975 - 1981	
	f	11	11	6	16	
	%	25.0	25.0	13.6	36.4	
Highest Level of Postsecondary Education Completed Other than Nursing****		Baccalaureate	Masters	Doctorate	Other	
	f	2	1	0	1	
	%	50.0	25.0	0.0	25.0	

Table 4 (continued)

Variable		Categories			
Currently Pursuing Degree in Higher Education***		Yes	No		
	f	14	30		
	%	31.8	68.2		
Utilizing Professional Nursing Journals***		Yes	No		
	f	43	1		
	%	97.7	2.3		
Number of Continuing Education Activities Related to Nursing*		None	1 - 2	3 - 5	Over 5
	f	0	5	18	20
	%	0.0	11.6	41.9	46.5
Number of Committees Related to Nursing*		None	1 - 2	3 - 5	Over 5
	f	12	17	10	5
	%	27.3	38.6	22.7	11.4
Number of Research Activities Related to Nursing*****		None	1 - 2	3 - 5	Over 5
	f	19	15	8	0
	%	45.2	35.8	19.0	0.0

Table 4 (continued)

*N = 43 The remainder of the sample (2) did not respond to the question.

**N = 37 The remainder of the sample (8) did not respond to the question.

***N = 44 The remainder of the sample (1) did not respond to the question.

****N = 4 The remainder of the sample (41) did not respond to the question. Presumably the question did not apply.

*****N = 42 The remainder of the sample (3) did not respond to the question.

24.5 percent between 6 to 10 years, 44.4 percent between 1 and 5 years and 20 percent less than 1 year. Table 4 shows that only 29.7 percent of the unit supervisors had previously been employed in nursing education including postgraduate courses, diploma nursing programs and inservice; the remainder (70.3 percent) have not had any nursing education experience. As well, 59.1 percent of the unit supervisors have not had employment in areas other than nursing.

The educational background of the unit supervisors is also represented in Table 4. Of the total unit supervisors, 88.9 percent received their initial nursing education in hospital diploma programs and 11.1 percent in baccalaureate programs. Approximately one third of the unit supervisors graduated from their initial nursing education program between 1965 and 1969; 29.5 percent prior to 1965, 18.2 percent between 1970 and 1974 and 18.2 percent between 1975 and 1981. Table 4 shows that 61.4 percent of the unit supervisors had a registered nurses diploma, 22.7 percent had a Baccalaureate degree in Nursing and 15.9 percent had taken post-graduate specialty courses. Of the total unit supervisors 25 percent completed their highest level of nursing education prior to 1965, 25 percent between 1965 and 1969, 13.6 percent between 1970 and 1974 and 36.4 percent between 1975 and 1981. Approximately 80 percent of the unit supervisors received their nursing education in Canada; the remaining 20 percent received their nursing education in England, Scotland, Australia, Hong Kong, Phillipines or India. Table 4 also shows that two unit supervisors had a baccalaureate degree in areas other than nursing - one in Psychology and one in Political Science; one unit supervisor had a Master's degree in Education and one unit supervisor had taken postsecondary education courses not

related to nursing. Unit supervisors pursuing a degree in higher education represents 31.8 percent, the majority being in nursing with one being in political science.

Table 4 also indicates that involvement of unit supervisors in continuing education activities, committees and research activities was quite varied.

University of Alberta Hospitals Unit-based/Inservice Instructors

Unit-based/inservice instructors were asked to respond to 19 questions in Part I of the questionnaire. This information is presented in Table 5.

Table 5 shows that all 25 instructors were female, one half of whom were between the ages of 30 to 39, one third under the age of 30 and the remainder 40 years of age and over.

Table 5 indicates that 36 percent of the instructors have been employed in their current position less than 1 year, with 56 percent having been employed in their current position between 1 and 5 years. Table 5 also indicates that 54.2 percent of the instructors have been employed in nursing education between 1 and 5 years, and that 60 percent of the instructors have been in nursing unit-based/inservice education. All the instructors have had nursing practice experience prior to being employed in nursing education with 44 percent having had between 1 and 5 years, 36 percent between 6 and 10 years and 20 percent over 10 years of nursing practice experience. As well, 48 percent of the instructors have had employment in areas other than nursing.

Table 5 also presents the educational background of the instructors. Of the instructors, 56 percent received their initial nursing education in hospital dioloma programs, 16 percent in college diploma programs

Table 5

Frequency and Percentage Distribution of Educational, Professional and Demographic Variables of Unit-based/Inservice Instructors

(N = 25)

Variable		Categories			
Sex		Female	Male		
	f	25	0		
	%	100	0.0		
Age*		Under 30	30 - 39	40 & over	
	f	8	12	4	
	%	33.3	50.0	16.7	
Years Employed in Current Position		Less than 1	1 - 5	6 - 10	Over 10
	f	9	14	2	0
	%	36.0	56.0	8.0	0.0
Years Employed in Nursing Education*		Less than 1	1 - 5	6 - 10	Over 10
	f	6	13	2	3
	%	25.0	54.2	8.3	12.5

Table 5 (continued)

Variable		Categories			
Years Employed in Unit-based/ Inservice Education		Less than 1	1 - 5	6 - 10	Over 10
	f	8	15	2	0
	%	32.0	60.0	8.0	0.0
Years Employed in Nursing Practice		Less than 1	1 - 5	6 - 10	Over 10
	f	0	11	9	5
	%	0.0	44.0	36.0	20.0
Employment in Areas Other than Nursing		Yes	No		
	f	12	13		
	%	48.0	52.0		
Basic Nursing Education		Hospital Diploma	College Diploma	Baccalaureate	
	f	14	4	7	
	%	56.0	16.0	28.0	
Country in which Basic Nursing Education Taken		Canada	United States	Other	
	f	22	0	3	
	%	88.0	0.0	12.0	

Table 5 (continued)

Variable		Categories			
Year Graduated from Basic Nursing Education Program		Prior to 1965	1965 - 1969	1970 - 1974	1975 - 1981
	f	4	6	8	7
	%	16.0	24.0	32.0	28.0
Highest Level of Nursing Education Completed		R.N.	Baccalaureate	Masters	Doctorate	Other
	f	6	16	1	0	2
	%	24.0	64.0	4.0	0.0	8.0
Country in which Highest Level of Nursing Education Completed		Canada	United States	Other
	f	25	0	0
	%	100	0.0	0.0
Year Completed Highest Level of Nursing Education		Prior to 1965	1965 - 1969	1970 - 1974	1975 - 1981
	f	2	4	5	14
	%	8.0	16.0	20.0	56.0
Highest Level of Postsecondary Education Completed Other than Nursing**		Baccalaureate	Masters	Doctorate	Other
	f	1	0	0	1
	%	50.0	0.0	0.0	50.0

Table 5 (continued)

Variable		Categories			
Currently pursuing Degree in Higher Education***		Yes	No		
	f	8	15		
	%	34.8	65.2		
Utilizing Professional Nursing Journals		Yes	No		
	f	25	0		
	%	100	0.0		
Number of Continuing Education Activities Related to Nursing		None	1 - 2	3 - 5	Over 5
	f	0	3	13	9
	%	0.0	12.0	52.0	36.0
Number of Committees Related to Nursing		None	1 - 2	3 - 5	Over 5
	f	1	13	7	4
	%	4.0	52.0	28.0	16.0
Number of Research Activities Related to Nursing		None	1 - 2	3 - 5	Over 5
	f	10	14	1	0
	%	40.0	56.0	4.0	0.0

Table 5 (continued)

*N = 24 The remainder of the sample (1) did not respond to the question.

**N = 2 The remainder of the sample (23) did not respond to the question. Presumably the question did not apply.

***N = 23 The remainder of the sample (2) did not respond to the question.

and 28 percent in baccalaureate programs. Approximately one quarter of the instructors graduated from their initial nursing education programs between 1965 and 1969, 16 percent prior to 1965, 32 percent between 1970 and 1974 and 28 percent between 1975 and 1981. Since 1970, 60 percent of the instructors graduated from their highest level of nursing education. Of the instructors, six held a registered nurse diploma, 16 instructors held a Baccalaureate degree in Nursing, one had a Master's degree in Nursing and two instructors had take post-graduate courses. As well, one instructor held a Baccalaureate degree in Sociology and one held a teaching certificate. The majority of instructors received their nursing education in Canada, the remainder received their nursing education in England or Australia. Table 5 shows that 34.8 percent of the instructors were pursuing a degree in higher education, either in nursing or in education.

Table 5 also indicates that most of the instructors were involved in continuing education activities, committees and research activities related to nursing.

OPINIONS OF THE FIVE POPULATIONS REGARDING ACQUISITION OF PROFESSIONAL BEHAVIORS BY NURSING STUDENTS PRIOR TO GRADUATION

This section answers research question #1.

Which professional behaviors should be acquired by nursing students prior to graduation in the opinion of the following groups of individuals:

a) University of Alberta Hospitals School of Nursing faculty.

b) University of Alberta Hospitals School of Nursing recent graduates.

c) University of Alberta Hospitals School of Nursing senior

students.

d) University of Alberta Hospitals nursing unit supervisors.

e) University of Alberta Hospitals nursing unit-based/inservice instructors.

Part II of the questionnaire contained the 25 behaviors characteristic of the professional nurse. The participants were asked to respond to each item by circling the option that best represented their opinion, relative to their current position, of whether the professional behavior should be acquired by the nursing student prior to graduation. Three options were provided for each response: essential, preferred and not necessary. Frequencies and percentages were used to analyze the responses made to each of the 25 items by the five different groups. This information in presented in Table 6.

DIFFERENCES IN OPINION AMONG THE FIVE POPULATIONS REGARDING ACQUISITION OF PROFESSIONAL BEHAVIORS PRIOR TO GRADUATION

This section answers research question #2:

What are the differences, if any, among the opinions of the groups specified in research question #1 with respect to the acquisition of professional behaviors prior to graduation?

The Chi Square Test was used to analyze the differences in responses made to each item by the five groups in order to identify those which were statistically significant. This information is also presented in Table 6. According to Table 6 responses to eight out of the 25 items were significantly different among the five groups. Each of the eight items will be discussed separately.

Item 6: Applying the Research Process Effectively in Nursing Practice Situations

Table 6

Frequency and Percentage Distribution of Opinions of the Five Populations Regarding Acquisition of Professional Behaviors (Using the Chi Square Test)

Professional Behavior	Group	N	Acquisition of Behavior Prior to Graduation					
			Essential		Preferred		Not Necessary	
			f	%	f	%	f	%
Expertise								
1. Using the nursing process effectively in the practice of nursing.	Faculty	35	29	82.9	5	14.3	1	2.9
	Graduates	43	31	72.1	12	27.9	0	0.0
	Students	48	40	83.3	8	16.7	0	0.0
	Supervisors	44	40	90.9	4	9.1	0	0.0
$x^2 = 10.34$ P = 0.24	Inservice	25	21	84.0	4	16.0	0	0.0
2. Utilizing theory as a basis for practice.	Faculty	35	35	100	0	0.0	0	0.0
	Graduates	44	40	90.9	4	9.1	0	0.0
	Students	48	47	97.9	1	2.1	0	0.0
	Supervisors	45	39	86.7	6	13.3	0	0.0
$x^2 = 15.35$ P = 0.06	Inservice	25	21	84.0	3	12.0	1	4.0
3. Exhibiting competence in the performance of psychomotor skills.	Faculty	35	21	60.0	14	40.0	0	0.0
	Graduates	44	25	56.8	19	43.2	0	0.0
	Students	48	36	75.0	12	25.0	0	0.0
	Supervisors	45	29	64.4	16	35.6	0	0.0
$x^2 = 3.89$ P = 0.42	Inservice	25	17	68.0	8	32.0	0	0.0

Table 6 (continued)

Professional Behavior	Group	N	Acquisition of Behavior Prior to Graduation					
			Essential		Preferred		Not Necessary	
			f	%	f	%	f	%
4. Utilizing educational opportunities for maintaining and expanding professional abilities. $x^2 = 5.51$ P = 0.70	Faculty	35	14	40.0	20	57.1	1	2.9
	Graduates	44	19	43.2	22	50.0	3	6.8
	Students	48	15	31.3	29	60.4	4	8.3
	Supervisors	45	20	44.4	21	46.7	4	8.9
	Inservice	25	11	44.0	14	56.0	0	0.0
5. Using interpersonal skills capably in communicating with clients, colleagues and other professionals. $x^2 = 7.79$ P = 0.45	Faculty	35	30	85.7	5	14.3	0	0.0
	Graduates	44	31	70.5	13	29.5	0	0.0
	Students	48	37	77.1	10	20.8	1	2.1
	Supervisors	45	30	66.7	15	33.3	0	0.0
	Inservice	25	19	76.0	6	24.0	0	0.0
*6. Applying the research process effectively in nursing practice situations. $x^2 = 21.34$ P = 0.01	Faculty	35	2	5.7	10	28.6	23	65.7
	Graduates	44	8	18.2	22	50.0	14	31.8
	Students	48	8	16.7	31	64.6	9	18.8
	Supervisors	45	4	8.9	24	53.3	17	37.8
	Inservice	25	3	12.0	12	48.0	10	40.0

Table 6 (continued)

Professional Behavior	Group	N	Acquisition of Behavior Prior to Graduation					
			Essential		Preferred		Not Necessary	
			f	%	f	%	f	%
Autonomy								
7. Basing decisions and interactions on professional judgement.	Faculty	35	24	68.6	9	25.7	2	5.7
	Graduates	44	33	75.0	10	22.7	1	2.3
	Students	48	36	75.0	12	25.0	0	0.0
	Supervisors	45	25	55.6	20	44.4	0	0.0
$x^2 = 15.15$ P = 0.06	Inservice	25	13	52.0	12	48.0	0	0.0
8. Collaborating with peers in the provision of nursing care.	Faculty	35	28	80.0	7	20.0	0	0.0
	Graduates	44	32	72.7	12	27.3	0	0.0
	Students	48	39	81.3	9	18.8	0	0.0
	Supervisors	45	31	68.9	14	31.1	0	0.0
$x^2 = 2.77$ P = 0.60	Inservice	25	20	80.0	5	20.0	0	0.0
9. Participating in peer evaluation.	Faculty	35	5	14.3	12	34.3	18	51.4
	Graduates	44	11	25.0	25	56.8	8	18.2
	Students	48	13	27.1	22	45.8	13	27.1
	Supervisors	45	6	13.3	26	57.8	13	28.9
$x^2 = 14.59$ P = 0.07	Inservice	25	7	28.0	12	48.0	6	24.0

Table 6 (continued)

Professional Behavior	Group	N	Acquisition of Behavior Prior to Graduation					
			Essential		Preferred		Not Necessary	
			f	%	f	%	f	%
10. Accepting accountability for individual actions.	Faculty	35	33	94.3	2	5.7	0	0.0
	Graduates	44	39	88.6	5	11.4	0	0.0
	Students	48	44	91.7	4	8.3	0	0.0
	Supervisors	45	38	84.4	6	13.3	1	2.2
$x^2 = 7.93$ P = 0.44	Inservice	25	25	100	0	0.0	0	0.0
11. Planning individualized care.	Faculty	35	31	88.6	4	11.4	0	0.0
	Graduates	44	32	72.7	11	25.0	1	2.3
	Students	48	42	87.5	6	12.5	0	0.0
	Supervisors	45	28	62.2	16	35.6	1	2.2
$x^2 = 13.67$ P = 0.09	Inservice	25	20	80.0	4	16.0	1	4.0
12. Exhibiting knowledge of the legal requirements of nursing practice.	Faculty	35	31	88.6	4	11.4	0	0.0
	Graduates	44	33	75.0	11	25.0	0	0.0
	Students	48	43	89.6	5	10.4	0	0.0
	Supervisors	45	33	73.3	12	26.7	0	0.0
$x^2 = 6.67$ P = 0.15	Inservice	25	19	76.0	6	24.0	0	0.0

Table 6 (continued)

Professional Behavior	Group	N	Acquisition of Behavior Prior to Graduation					
			Essential		Preferred		Not Necessary	
			f	%	f	%	f	%
Professional Commitment								
*13. Participating in the formation of public policy which concerns health care.	Faculty	35	0	0.0	7	20.0	28	80.0
	Graduates	44	3	6.8	30	68.2	11	25.0
	Students	48	1	2.1	30	62.5	17	35.4
	Supervisors	45	2	4.4	18	40.0	25	55.6
$x^2 = 29.41$ P = 0.00	Inservice	25	1	4.0	12	48.0	12	48.0
14. Participating in the professional organization.	Faculty	35	1	2.9	21	60.0	13	37.1
	Graduates	44	4	9.1	29	65.9	11	25.0
	Students	48	2	4.2	30	62.5	16	33.3
	Supervisors	45	7	15.6	26	57.8	12	26.7
$x^2 = 10.00$ P = 0.27	Inservice	25	5	20.0	15	60.0	5	20.0
15. Identifying specific professional goals for self.	Faculty	35	10	28.6	20	57.1	5	14.3
	Graduates	43	17	39.5	21	48.8	5	11.6
	Students	48	26	54.2	21	43.8	1	2.1
	Supervisors	45	20	44.4	21	46.7	4	8.9
$x^2 = 9.46$ P = 0.30	Inservice	25	13	52.0	11	44.0	1	4.0

Table 6 (continued)

Professional Behavior	Group	N	Acquisition of Behavior Prior to Graduation					
			Essential		Preferred		Not Necessary	
			f	%	f	%	f/	%
16. Exhibiting self-direction for identifying learning experiences which will provide professional growth. $x^2 = 12.44$ P = 0.13	Faculty	35	20	57.1	15	42.9	0	0.0
	Graduates	44	26	59.1	15	34.1	3	6.8
	Students	48	29	60.4	19	39.6	0	0.0
	Supervisors	43	20	46.5	19	44.2	4	9.3
	Inservice	25	18	72.0	7	28.0	0	0.0
*17. Participating in the defining and upgrading of the standards of nursing practice and/or nursing education. $x^2 = 20.63$ P = 0.01	Faculty	35	1	2.9	19	54.3	15	42.9
	Graduates	44	11	25.0	28	63.6	5	11.4
	Students	48	11	22.9	28	58.3	9	18.8
	Supervisors	45	7	15.6	19	42.2	19	42.2
	Inservice	25	4	16.0	14	56.0	7	28.0
*18. Reading professional journals on a regular basis. $x^2 = 19.30$ P = 0.01	Faculty	35	13	37.1	22	62.9	0	0.0
	Graduates	44	11	25.0	30	68.2	3	6.8
	Students	48	6	12.5	36	75.0	6	12.5
	Supervisors	45	17	37.8	26	57.8	2	4.4
	Inservice	25	13	52.0	11	44.0	1	4.0

Table 6 (continued)

Professional Behavior	Group	N	Acquisition of Behavior Prior to Graduation					
			Essential		Preferred		Not Necessary	
			f	%	f	%	f	%
19. Sharing professional knowledge with others - publications, research, collaboration. $x^2 = 7.70$ P = 0.46	Faculty	35	4	11.4	19	54.3	12	34.3
	Graduates	44	10	22.7	27	61.4	7	15.9
	Students	48	5	10.4	33	68.8	10	20.8
	Supervisors	45	8	17.8	24	53.3	13	28.9
	Inservice	25	5	20.0	13	52.0	7	28.0
Responsibility to Society								
20. Accepting accountability for the legal/ethical standards of nursing practice. $x^2 = 10.14$ P = 0.26	Faculty	35	27	77.1	8	22.9	0	0.0
	Graduates	44	36	81.8	8	18.2	0	0.0
	Students	48	41	85.4	7	14.6	0	0.0
	Supervisors	45	33	73.3	12	26.7	0	0.0
	Inservice	25	17	68.0	7	28.0	1	4.0
*21. Collaborating with members of health professions and other citizens in promoting efforts to meet the health needs of society. $x^2 = 17.81$ P = 0.02	Faculty	35	1	2.9	21	60.0	13	37.1
	Graduates	44	13	29.5	22	50.0	9	20.5
	Students	48	9	18.8	32	66.7	7	14.6
	Supervisors	45	5	11.1	23	51.1	17	37.8
	Inservice	25	5	20.0	13	52.0	7	28.0

Table 6 (continued)

Professional Behavior	Group	N	Acquisition of Behavior Prior to Graduation					
			Essential		Preferred		Not Necessary	
			f	%	f	%	f	%
*22. Making professional judgements which are based on client needs.	Faculty	35	32	91.4	2	5.7	1	2.9
	Graduates	44	35	79.5	9	20.5	0	0.0
	Students	48	36	75.0	11	22.9	1	2.1
	Supervisors	45	24	53.3	20	44.4	1	2.2
$x^2 = 21.59$ P = 0.01	Inservice	25	18	72.0	5	20.0	2	8.0
23. Exhibiting advocacy for the health care consumer.	Faculty	35	18	51.4	14	40.0	3	8.6
	Graduates	44	16	36.4	26	59.1	2	4.5
	Students	48	15	31.3	25	52.1	8	16.7
	Supervisors	44	11	25.0	28	63.6	5	11.4
$x^2 = 10.73$ P = 0.22	Inservice	25	10	40.0	11	44.0	4	16.0
*24. Showing consideration for the cost-benefit aspects of providing health care in terms of time, resources and energy.	Faculty	35	8	22.9	22	62.9	5	14.3
	Graduates	44	13	29.5	30	68.2	1	2.3
	Students	48	11	22.9	35	72.9	2	4.2
	Supervisors	45	5	11.1	31	68.9	9	20.0
$x^2 = 17.50$ P = 0.03	Inservice	25	10	40.0	12	48.0	3	12.0

Table 6 (continued)

Professional Behavior	Group	N	Acquisition of Behavior Prior to Graduation					
			Essential		Preferred		Not Necessary	
			f	%	f	%	f	%
*25. Encouraging clients to utilize their capacities to maximum potential.	Faculty	35	29	82.9	5	14.3	1	2.9
	Graduates	44	37	84.1	7	15.9	0	0.0
	Students	48	42	87.5	6	12.5	0	0.0
	Supervisors	45	23	51.1	22	48.9	0	0.0
$x^2 = 27.47$ P = 0.00	Inservice	25	20	80.0	5	20.0	0	0.0

* Significant at the 0.05 Level.

Table 6 shows that the majority of faculty (65.7 percent) felt that it was not necessary for the nursing student to acquire this behavior prior to graduation. The majority of the remaining four groups felt that it would be preferable to have this behavior acquired prior to graduation. Faculty and supervisors felt that it was less essential prior to graduation than the other three groups. However, the group that appears to stand out the most is the students, where 64.6 percent felt that it was preferred that the behavior be acquired prior to graduation and only 18.8 percent felt that it was not ncessary. Perhaps the most feasible explanation for these discrepancies is the different interpretations placed on the term "research". Students are requested by faculty to have their patient assignment adequately "researched" prior to coming to the clinical area the next morning to ensure that they will give safe patient care. This could be the meaning that students have attached to the term "research" while the other four groups have a more sophisticated and accurate definition of the term.

Item 13: Participating in the Formation of Public Policy Which Concerns Health Care

Table 6 indicates that faculty is the group most significantly different from the other four groups, with 80 percent viewing this behavior as not essential to acquire prior to graduation and 20 percent seeing it as preferred. This could be accounted for by the fact that diploma nursing education programs focus on preparing graduates who can function effectively at the bedside. Perhaps the faculty also felt that it was not feasible for the student to actually demonstrate this behavior while in the educational program.

Item 17: Participating in the Defining and Upgrading of the Standards

of Nursing Practice and/or Nursing Education

Table 6 indicates that in all five groups, the majority preferred that this behavior be acquired prior to graduation. However, graduates and students were the only groups in which more individuals expressed the opinion that this be an essential behavior rather than one which is not necessary to acquire prior to graduation. These two groups also had the highest percentage who saw this behavior as a preferred acquisition. This could perhaps be explained by the current position that these groups hold in which they can see the discrepancies between the "ideal" which they have been taught and the "real" which they see practiced. The opinions they have expressed could be an indication of wanting to know how to lessen this discrepancy.

Item 18: Reading Professional Journals on a Regular Basis

Table 6 indicates that senior students was the group most different with 75 percent having the opinion that this was a preferred behavior and the remainder evenly distributed between essential and not necessary. This is probably due to the fact they are only reading those journal articles which are required by faculty in an effort to keep up with their other studies. Faculty, recent graduates and supervisors priorized this behavior according to preferred, essential and not necessary. The majority of inservice instructors saw this behavior as essential possibly because of the position they hold in which it is their responsibility to maintain and update the nursing knowledge of nursing service personnel.

Item 21: Collaborating with Members of Health Professions and Other Citizens in Promoting Efforts to Meet the Health Needs of Society

Table 6 indicates that the majority of individuals in all the groups felt that this behavior was a preferred acquisition prior to graduation.

However, recent graduates and senior students ranked this behavior as essential over not necessary in comparison to the opposite view in the other three groups. As well, faculty saw this behavior as being not necessary more so than the other four groups. Perhaps the faculty again questioned the feasibility of the actual demonstration of this behavior prior to graduation.

Item 22: Making Professional Judgements Which are Based on Client Needs

As indicated in Table 6, faculty appeared to view this behavior as an essential acquisition prior to graduation much more so than any of the other four groups. A possible suggestion for this occurrence is their stress on the individual patient and his needs.

Item 24: Showing Consideration for the Cost-benefit Aspects of Providing Health Care in Terms of Time, Resources and Energy

As shown in Table 6 all five groups indicated that they preferred the student to acquire this behavior prior to graduation. However, the unit supervisors placed more importance on this behavior as being not necessary rather than essential. This is a rather unexpected finding as it would seem that this behavior would be a concern to unit supervisors.

Item 25: Encouraging Clients to Utilize their Capacities to Maximum Potential

Table 6 indicates that unit supervisors were almost evenly divided between their opinions as to whether this should be an essential or preferred behavior. The opinion of the remaining four groups strongly indicated that this was an essential behavior. A possible suggestion for this finding is the more task-oriented focus of the nursing

practice setting as compared to the more patient-oriented focus of nurse educators and their students.

Summary of Responses

The F test was used to determine whether there were significant differences among the opinions of the five groups as to the percentage of professional behaviors which were considered to be essential, preferred or not necessary for the nursing student to acquire prior to graduation. This information is presented in Table 7.

It is interesting to note that there was no significant difference among the five groups in the percentage of professional behaviors considered to be essential for the nursing student to acquire prior to graduation. There was, however, a significant difference between faculty and unit supervisors in the percentage of professional behaviors considered preferred for the nursing student to acquire prior to graduation (32.8 percent in the opinions of faculty as compared to 41.8 percent in the opinions of unit supervisors). This lack of consensus could be partially responsible for the reality shock felt by new graduates which has been so often documented in the literature. As well, the opinions of faculty as to the percentage (16.1) of professional behaviors which were considered not essential for the nursing student prior to graduation was found to be significantly different from the opinions of recent graduates (7.7) and senior students (8.7). This might be explained by students'and graduates' expectations that educational programs should provide them with all the knowledge necessary prior to their transition to the practice setting.

Table 7

Percentage of Professional Behaviors Considered Essential, Preferred and Not Necessary Acquisitions Prior to Graduation in the Opinions of the Five Groups

(Using the F test)

Groups	Opinions		
	Essential	Preferred	Not Necessary
Faculty	51.1	32.8	16.1
Recent Graduates	51.6	40.8	7.7
Senior Students	52.8	38.5	8.7
Unit Supervisors	45.1	41.8	13.1
Unit-based/Inservice Instructors	53.6	35.5	10.9
F Ratio	0.1192	0.0226*	0.0012*

*Significant at the 0.05 Level

RELATIONSHIPS BETWEEN THE EDUCATIONAL, PROFESSIONAL AND DEMOGRAPHIC BACKGROUNDS OF THE PARTICIPANTS AND THEIR OPINIONS REGARDING THE ACQUISITION OF PROFESSIONAL BEHAVIORS BY NURSING STUDENTS PRIOR TO GRADUATION

This section will answer research question #3:

What are the relationships between the educational, professional and demographic backgrounds of the groups specified in research question #1 and their opinions about the acquisition of professional behaviors prior to graduation?

Data collected from the five groups in Part I of the questionnaire were collapsed into categories. Crosstabs were then applied to the categories against each item in Part II of the questionnaire and statistically significant chi squares identified. This information is summarized in Appendix C. Each educational, professional and demographic variable will be discussed separately.

Age of Participants

Age had a significant effect on four of the professional behaviors. (See Appendix C,Table 1) Table 8 presents a detailed look at these relationships.

Item 3: Exhibiting competence in the performance of psychomotor skills. A significantly higher percentage (80 percent) of the oldest age group (33 and over) felt that it was essential for the nursing student to acquire this behavior prior to graduation. Possible explanations include: 1) they themselves feel competent in these skills because of length of experience and 2) length and type of the service component in their nursing education programs provided the opportunity for repetition of skills until competence was achieved.

Table 8

Effect of Age on Opinions Regarding the Acquisition of Professional Behaviors Prior to Graduation

(Using Frequency and Percentage Distribution) (N = 194)

Professional Behavior	Age	Acquisition of Behavior Prior to Graduation					
		Essential		Preferred		Not Necessary	
		f	%	f	%	f	%
3. Exhibiting competence in the performance of psychomotor skills.	20 - 24	42	60.9	27	39.1	0	0.0
	25 - 32	36	57.1	27	42.9	0	0.0
	33 and over	49	79.0	13	21.0	0	0.0
17. Participating in the defining and upgrading of the standards of nursing practice and/or nursing education.	20 - 24	20	29.0	35	50.7	14	20.3
	25 - 32	5	7.9	36	57.1	22	34.9
	33 and over	8	12.9	35	56.5	19	30.6
18. Reading professional journals on a regular basis.	20 - 24	10	14.5	50	72.5	9	13.0
	25 - 32	20	31.7	42	66.7	1	1.6
	33 and over	29	46.8	31	50.0	2	3.2

Table 8 (continued)

Professional Behavior	Age	Acquisition of Behavior Prior to Graduation					
		Essential		Preferred		Not Necessary	
		f	%	f	%	f	%
21. Collaborating with members of health professions and citizens in promoting efforts to meet the health needs of society.	20 - 24	17	24.6	38	55.1	14	20.3
	25 - 32	7	11.1	41	65.1	15	23.3
	33 and over	8	12.9	30	48.4	24	38.7

Item 17: Participating in the defining and upgrading of the standards of nursing practice and/or nursing education. Table 8 indicates that the youngest age group (20 - 24) had the highest percentage of participants in whose opinion this behavior was essential for the nursing student to acquire prior to graduation. As this age group was most representative of recent graduates and students, it is possible that this opinion was indicative of the request by today's society for increased relevance of educational programs to future roles and for increased participation in decision-making in issues which directly affect them.

Item 18: Reading professional journals on a regular basis. As indicated in Table 8, the majority of all the age categories preferred that the nursing student acquire this behavior prior to graduation. However, the two older categories had a higher percentage of opinions stating that the behavior should be an essential acquisition. Perhaps this is because they see this as a method of keeping up with the rapidly expanding knowledge. The youngest age group may be too concerned with keeping up with the required course readings in their educational programs.

Item 21: Collaborating with members of health professions and other citizens in promoting efforts to meet the health needs of society. Table 8 shows that the youngest age group saw this acquisition of behavior as more essential than the two older groups. Also the oldest age group demonstrated the least amount of discrepancy between preferred and not necessary acquisition. A possible suggestion for this finding could once again be an indication of the trend towards more public involvement in health care.

Years in Current Position

This variable had a significant effect on only one of the professional behaviors. (See Appendix C,Table 1)

Item 3: Exhibiting competence in the performance of psychomotor skills. Participants with less than one year of experience in their current position indicated a 49.2 percent of opinions regarding this behavior as essential and a 50.8 percent of opinions regarding this behavior as preferred. Participants with one or two years of experience indicated a 72.3 percent opinion related to essential acquisition and a 27.7 percent opinion related to preferred acquisition. Participants with three or more years of experience demonstrated opinions similar to the latter (69.0 percent for essential acquisition and 31.0 percent for preferred). Perhaps individuals with less than one year of experience feel that competency in the performance of psychomotor skills is only one factor out of many others that they have to cope with in a new situation.

Employment in Areas Other than Nursing

This variable also had a significant effect on only one professional behavior. (See Appendix C, Table 1)

Item 6: Applying the research process effectively in nursing practice situations. Participants who have had employment in areas other than nursing provided the following responses: 13.0 percent saw the behavior as essential, 55.7 percent as preferred and 31.3 percent as not necessary. Individuals who have not had employment in areas other than nursing indicated the following: 12.3 percent saw the behavior as essential, 38.5 percent as preferred and 49.2 percent as not necessary. No explanation is offered as to the discrepancy between the opinion of preferred and not necessary acquisition of this behavior prior to

graduation.

Type of Basic Nursing Education Program

Opinions regarding acquisition of two professional behaviors appeared to be significantly affected by the type of program from which the individual received his basic nursing education. (See Appendix C, Table 1)

Item 11: Planning individualized care. The majority (90.9 percent) of individuals who received their basic nursing education in a baccalaureate program felt that this behavior was essential for the student to acquire prior to graduation. Responses of 71.1 percent for essential acquisition and 27.7 percent for preferred acquisition were obtained from individuals from a diploma nursing education program. Different orientations between the two types of programs could be the cause of this finding.

Item 15: Identifying specific professional goals for self. Similar responses from individuals from both diploma (41.0 percent) and baccalaureate (40.9 percent) programs were obtained regarding essential acquisition of the behavior. The discrepancy arose in opinions related to preferred and not necessary acquisition (53.0 percent and 6.0 percent respectively with those from diploma programs, and 36.4 percent and 22.7 percent respectively with those from baccalaureate programs). According to the literature, the opposite findings should have resulted.

Country in Which Basic Nursing Education was Attained

Three of the professional behaviors appeared to be significantly affected by this variable. (See Appendix C, Table 1) Table 9 provides a detailed comparison of the results.

Item 10: Accepting accountability for individual actions. Basic

Table 9

Effect of Country In Which Basic Nursing Education Attained on Opinions Regarding the Acquisition of Professional Behaviors Prior to Graduation

(Using Frequency and Percentage Distribution) (N = 105)

Professional Behavior	Country	Acquisition of Behavior Prior to Graduation					
		Essential		Preferred		Not Necessary	
		f	%	f	%	f	%
10. Accepting accountability for individual actions.	Canada	85	91.4	8	8.6	0	0.0
	Other	11	91.7	0	0.0	1	8.3
13. Participating in the formation of public policy which concerns health care.	Canada	1	1.1	32	34.4	60	64.5
	Other	2	16.7	5	41.7	5	41.7
17. Participating in the defining and upgrading of the standards of nursing practice and/or nursing education.	Canada	8	8.6	48	57.6	37	39.8
	Other	4	33.3	4	33.3	4	33.3

nursing education in a country other than Canada appeared to produce more opinions (66.7 percent) indicating that this behavior was an essential acquisition and fewer opinions (33.3 percent) as to preferred acquisition. The opposite results were found with individuals who received their basic nursing education in Canada. The researcher is unable to produce an explanation for these findings.

Item 13: Participating in the formation of public policy which concerns health care. It would appear from Table 9 that this behavior was not stressed in Canadian education programs. Responses seem to be somewhat more evenly distributed with respondents from non-Canadian programs. Again no explanation is offered for this occurrence.

Item 17: Participating in the defining and upgrading of the standards of nursing practice and/or nursing education. Responses were evenly distributed among the three options from individuals who received their basic nursing education outside of Canada. Preferred and not necessary acquisition of this behaviors were found in the opinions of those who received their basic nursing education in Canada. No suggestions are offered to explain these findings.

Year of Graduation from Basic Nursing Education Program

Four professional behaviors were significantly affected by this variable. A detailed comparison of the responses is provided in Table 10.

Item 2: Utilizing theory as a basis for practice. It would seem from Table 10 that nursing education programs after 1968 put more emphasis on the ability to provide rationale based upon theory for nursing actions.

Item 3: Exhibiting competence in the performance of psychomotor skills. Table 10 appears to indicate that in recent years less emphasis has been placed on competence in performance of psychomotor skills prior

Table 10

Effect of Year of Graduation from Basic Nursing Education Program on Opinions Regarding the Acquisition of Professional Behaviors Prior to Graduation

(Using Frequency and Percentage Distributions) (N = 104)

Professional Behavior	Year of Graduation	Acquisition of Behavior Prior to Graduation					
		Essential		Preferred		Not Necessary	
		f	%	f	%	f	%
2. Utilizing theory as a basis for practice.	Prior to 1968	27	79.4	7	20.6	0	0.0
	1968 - 1972	35	94.6	2	5.4	0	0.0
	1973 - 1981	32	97.0	0	0.0	1	3.0
3. Exhibiting competence in the performance of psychomotor skills.	Prior to 1968	27	79.4	7	20.6	0	0.0
	1968 - 1972	24	64.9	13	35.1	0	0.0
	1973 - 1981	15	45.5	18	54.5	0	0.0
13. Participating in the formation of public policy which concerns health care.	Prior to 1968	3	8.8	15	44.1	16	47.1
	1968 - 1972	0	0.0	14	37.8	23	62.2
	1973 - 1981	0	0.0	7	21.2	26	78.8

Table 10 (continued)

Professional Behavior	Year of Graduation	Acquisition of Behavior Prior to Graduation					
		Essential		Preferred		Not Necessary	
		f	%	f	%	f	%
25. Encouraging clients to utilize their capacities to maximum potential.	Prior to 1968	18	52.9	16	47.1	0	0.0
	1968 - 1972	26	70.3	11	29.7	0	0.0
	1973 - 1981	27	81.8	5	15.2	1	3.0

to graduation. This is in keeping with the belief that thorough knowledge of basic principles will enable the individual to transfer this knowledge to safe performance of new skills.

Item 13: Participating in the formation of public policy which concerns health care. Table 10 indicates that as the year of graduation becomes more recent, opinions tended to be more in the direction of the behavior being not necessary prior to graduation rather than preferred.

Item 15: Encouraging clients to utilize their capacities to maximum potential. According to Table 10, as the year of graduation become more recent, more individuals regarded this behavior as essential to be acquired prior to graduation. This corresponds favourably with the tendency to regard the planning of individualized care as an essential behavior.

Highest Level of Nursing Education Attained

Five professional behaviors were significantly affected by this particular variable. (See Appendix C, Table 2) Table 11 facilitates comparison of these responses.

Item 13: Participating in the formation of public policy which concerns health care. Table 11 shows that participants with a baccalaureate degree tended to have the opinion that this behavior was not necessary to acquire prior to graduation. Opinions of participants with a diploma in nursing are more evenly divided between preferred and not necessary. This result is somewhat unexpected as literature frequently indicates that baccalaureate programs emphasize skills in facilitating change.

Item 16: Exhibiting self-direction for identifying learning experiences which will provide professional growth. According to Table

Table 11

Effect of Highest Level of Nursing Education Attained on Opinions Regarding the Acquisition of Professional Behaviors Prior to Graduation

(Using Frequency and Percentage Distributions)

Professional Behavior	Highest Level of Nursing Education	Acquisition of Behavior Prior to Graduation					
		Essential		Preferred		Not Necessary	
		f	%	f	%	f	%
13. Participating in the formation of public policy which concerns health care.	Diploma	1	2.9	16	47.1	17	50.0
	Baccalaureate (N = 95)	0	0.0	16	26.2	45	73.8
16. Exhibiting self direction for identifying learning experiences which will provide professional growth.	Diploma	14	42.4	16	48.5	3	9.1
	Baccalaureate (N = 94)	39	63.9	22	36.1	0	0.0
22. Making professional judgements which are based on client needs.	Diploma	18	52.9	15	44.1	1	2.9
	Baccalaureate (N = 95)	51	83.6	8	13.1	2	3.3

Table 11 (continued)

Professional Behavior	Highest Level of Nursing Education	Acquisition of Behavior Prior to Graduation					
		Essential		Preferred		Not Necessary	
		f	%	f	%	f	%
23. Exhibiting advocacy for the health care consumer.	Diploma	6	17.6	25	73.5	3	8.8
	Baccalaureate (N = 95)	29	47.5	23	37.7	9	14.8
25. Encouraging clients to utilize their capacities to maximum potential.	Diploma	15	44.1	19	55.9	0	0.0
	Baccalaureate (N = 95)	50	82.0	10	16.4	1	1.6

11, individuals with a baccalaureate degree viewed this behavior as an essential acquisition over preferred prior to graduation. Opinions of those with a diploma tended to be more evenly represented across these two options, with a minority (9.1 percent) seeing this behavior as not necessary to acquire prior to graduation. Perhaps this is a reflection of different emphasis between the two types of programs on learning theory.

Item 22: Making professional judgements which are based on client needs. Table 11 indicates that this behavior was viewed as being essential by more individuals with a baccalaureate degree than those with a diploma.

Item 23: Exhibiting advocacy for the health care consumer. As can be seen in Table 11, a significantly higher percentage of individuals with a baccalaureate degree saw this behavior as an essential acquisition prior to graduation; whereas those individuals with a diploma tended to see this behavior as a preferred acquisition. Perhaps this is a reflection of the exposure to public health content in baccalaureate programs.

Item 25: Encouraging clients to utilize their capacities to maximum potential. The pattern described for the previous behavior is repeated according to Table 11. The baccalaureate degree appears to emphasize this behavior as essential much more so than the diploma. Again the increased exposure to health care of individuals in the community setting in baccalaureate programs may be a predisposing factor for this response.

Country in which Highest Level of Nursing Education was Attained

This variable appears to also significantly affect the opinions

regarding acquisition of five professional behaviors. (See Appendix C, Table 2) Table 12 provides a closer examination of the responses.

Item 10: Accepting accountability for individual actions. According to Table 12, responses were similar in relation to the essential acquisition of this behavior. However, the minority of responses from those who attained their highest level of nursing education in Canada chose the preferred option whereas those from outside of Canada chose the not necessary option. Because of the small percentage of individuals from both categories who did not see this behavior as an essential acquisition; perhaps the discrepancy is related more to the individuals responding rather than because of the country in which the education was attained.

Item 13: Participating in the formation of public policy which concerns health care. Table 12 indicates that those who received their highest level of nursing education in Canada saw this behavior as not necessary for the nursing student to acquire prior to graduation. Responses are more evenly distributed among participants from the other category. This could suggest that emphasis is not placed on this behavior in Canadian nursing education programs.

Item 15: Identifying specific professional goals for self. As demonstrated by Table 12 the highest percentage of opinions regarding this behavior as essential came from those who received their highest level of nursing education outside of Canada.

Item 17: Participating in the defining and upgrading of the standards of nursing practice and/or nursing education. According to Table 12, it would again seem that more emphasis on this behavior occurs in nursing programs outside of Canada.

Table 12

Effect of Country in which Highest Level of Nursing Education was Attained on Opinions Regarding the Acquisition of Professional Behaviors Prior to Graduation

(Using Frequency and Percentage Distributions) (N = 105)

Professional Behavior	Country	Acquisition of Behavior Prior to Graduation					
		Essential		Preferred		Not Necessary	
		f	%	f	%	f	%
10. Accepting accountability for individual actions.	Canada	89	91.8	8	8.2	0	0.0
	Other	7	87.5	0	0.0	1	12.5
13. Participating in the formation of public policy which concerns health care.	Canada	1	1.0	34	35.1	62	63.9
	Other	2	25.0	3	37.5	3	37.5
15. Identifying specific professional goals for self.	Canada	36	37.1	51	52.6	10	10.3
	Other	7	87.5	1	12.5	0	0.0
17. Participating in the defining and upgrading of the standards of nursing practice and/or nursing education.	Canada	8	8.2	49	50.5	40	41.2
	Other	4	50.0	3	37.5	1	12.5

Table 12 (continued)

Professional Behavior	Country	Acquisition of Behavior Prior to Graduation					
		Essential		Preferred		Not Necessary	
		f	%	f	%	f	%
21. Collaborating with members of health professions and other citizens in promoting efforts to meet the health needs of society.	Canada	8	8.2	54	55.7	35	36.1
	Other	3	37.5	3	37.5	2	25.0

Item 21: Collaborating with members of health professions and other citizens in promoting efforts to meet the health needs of society. Table 12 demonstrates that the pattern indicated for item 17 was repeated.

Year of Graduation From Highest Level of Nursing Education

Five behaviors were significantly affected by this variable. (See Appendix C, Table 2) A detailed comparison of responses is provided in Table 13.

Item 2: Utilizing theory as a basis for practice. Table 13 indicates that regardless of the year of graduation, the majority of participants saw this behavior as an essential acquisition. However, this percentage increased with more recent graduation.

Item 15: Using interpersonal skills capably in communicating with clients, colleagues and other professionals. According to Table 13 the views that this behavior is essential increased as the year of graduation became more recent. This is probably due to the increasing focus on effective communication skills in nursing education programs.

Item 6: Applying the research process effectively in nursing practice situation. Table 13 indicates that graduation after 1971 resulted in the majority of opinions choosing the option of not necessary for this behavior, although there is a slight shift to preferred and essential acquisition after 1978. This result appears to be somewhat unexpected when so much literature is being written on the importance of research in nursing.

Item 13: Participating in the formation of policy which concerns health care. As demonstrated in Table 13, graduation between 1971 and 1977 resulted in a high percentage of opinions viewing this behavior as

Table 13

Effect of Year of Graduation from Highest Level of Nursing Education on Opinions Regarding the Acquisition of Professional Behaviors Prior to Graduation

(Using Frequency and Percentage Distributions) (N = 104)

Professional Behavior	Year of Graduation	Acquisition of Behavior Prior to Graduation					
		Essential		Preferred		Not Necessary	
		f	%	f	%	f	%
2. Utilizing theory as a basis for practice.	Prior to 1971	29	80.6	7	19.4	0	0.0
	1971 - 1977	33	94.3	1	2.9	1	2.9
	1978 - 1981	32	97.0	1	3.0	0	0.0
5. Using interpersonal skills capably in communicating with clients, colleagues and other professionals.	Prior to 1971	26	72.2	10	27.8	0	0.0
	1971 - 1977	22	62.9	13	37.1	0	0.0
	1978 - 1981	30	90.9	3	9.1	0	0.0
6. Applying the research process effectively in nursing practice situations.	Prior to 1971	4	11.1	21	58.3	11	30.6
	1971 - 1977	1	2.9	11	31.4	23	65.7
	1978 - 1981	4	12.1	13	39.4	16	48.5

Table 13 (continued)

Professional Behavior	Year of Graduation	Acquisition of Behavior Prior to Graduation					
		Essential		Preferred		Not Necessary	
		f	%	f	%	f	%
13. Participating in the formation of public policy which concerns health care.	Prior to 1971	3	8.3	8	50.0	15	41.7
	1971 - 1977	0	0.0	7	20.0	28	80.0
	1978 - 1981	0	0.0	11	33.3	22	66.7
25. Encouraging clients to utilize their capacities to maximum potential.	Prior to 1971	18	50.0	18	50.0	0	0.0
	1971 - 1977	26	74.3	9	25.7	0	0.0
	1978 - 1981	27	81.8	5	15.2	1	3.0

not being necessary to acquire prior to graduation. This decreased somewhat in graduations after 1978 and shifted more to the preferred option. No explanation is offered for this pattern.

Item 25: Encouraging clients to utilize their capacities to maximum potential. Table 13 indicates an increasing percentage of opinions of essential acquisition and a decreasing percentage of opinions of preferred acquisition as the year of graduation becomes more recent. A possible explanation is the increased focus on the individual and his needs in recent years.

Currently Pursuing a Degree in Higher Education

It is interesting to note that this variable had no significant effect on opinions regarding the acquisition of professional behaviors by nursing students prior to graduation. (See Appendix C, Table 2)

Involvement in Continuing Education Activities Related to Nursing

No significant relationship resulted between this variable and the opinions of the participants regarding acquisition of professional behaviors. (See Appendix C, Table 2)

Involvement in Committees Related to Nursing

Three professional behaviors were affected by this variable. (See Appendix C, Table 2) Table 14 provides a closer look at the responses of the participants.

Item 13: Participating in the formation of public policy which concerns health care. It is interesting to note that involvement in three or more committees produced the majority of responses in the not necessary category, as this behavior would entail committee work. Perhaps involvement in committees enables the individuals to foresee the lack of feasibility of acquiring this behavior prior to graduation.

Table 14

Effect of Involvement in Committees Related to Nursing on Opinions Regarding the Acquisition of Professional Behaviors Prior to Graduation

(Using Frequency and Percentage Distributions) (N = 195)

Professional Behavior	Number of Committees	Acquisition of Behavior Prior to Graduation					
		Essential		Preferred		Not Necessary	
		f	%	f	%	f	%
13. Participating in the formation of public policy which concerns health care.	0	0	0.0	55	57.9	40	42.1
	1	4	13.3	12	40.0	14	46.7
	2	1	3.3	16	53.3	13	43.3
	3 or more	2	5.0	14	35.0	24	60.0
18. Reading professional journals on a regular basis.	0	23	24.2	63	66.3	9	9.5
	1	5	16.7	24	80.0	1	3.3
	2	14	46.7	15	50.0	1	3.3
	3 or more	18	45.0	21	52.5	1	2.5

Table 14 (continued)

Professional Behavior	Number of Committees	Acquisition of Behavior Prior to Graduation					
		Essential		Preferred		Not Necessary	
		f	%	f	%	f	%
25. Encouraging clients to utilize their capacities to maximum potential.	0	79	83.2	16	16.8	0	0.0
	1	20	66.7	10	33.3	0	0.0
	2	25	83.3	4	13.3	1	3.3
	3 or more	25	62.5	15	37.5	0	0.0

Item 18: Reading professional journals on a regular basis. Table 14 suggests that the greatest discrepancy between the essential option and the preferred option occurred between individuals either not involved in committee work or involved with one committee and those who have participated in two or more committees within the past two years.

Item 25: Encouraging clients to utilize their capacities to maximum potential. No suggestion is offered for the pattern of responses for this variable as indicated by Table 14.

Involvement in Research Activities Related to Nursing

One behavior was significantly affected by this variable. (See Appendix C, Table 2)

Item 5: Using interpersonal skills capably in communicating with clients, colleagues and other professionals. Responses that this behavior is essential prior to graduation was highest from individuals involved in three or more research committees. No explanation is offered for this occurrence.

Years of Experience in Nursing Practice of Unit Supervisors

Only one significant relationship was identified. (See Appendix C, Table 3)

Item 23: Exhibiting advocacy for the health care consumer. Results showed that opinions indicating this behavior to be essential decreased with increasing length of experience (66.7 percent from those with 3 to 5 years and 7.7 percent from those with 16 years or more). Unit supervisors with 6 to 10 years of experience showed the highest percentage (33.3 percent) of opinions within the category of not necessary acquisition. These individuals also responded with a 33.3 percent opinion for preferred and a 33.3 percent opinion for the not necessary

option. This pattern could be related to the emphasis that was placed on this area in their nursing education programs. Perhaps those with a lesser number of years of experience have not yet completely adopted the bureaucratic orientation of the practice setting which has been documented in the literature.

Years of Employment in Nursing Education Prior to Employment in Nursing Practice of Unit Supervisors

The study also explored whether previous employment in nursing education prior to employment in nursing practice had any effect on the responses. Two professional behaviors were identified as being significantly affected by this variable. (See Appendix C, Table 3)

Item 13: Participating in the formation of public policy which concern health care. Responses indicated that those with no previous employment in nursing education felt that this was not an essential behavior to acquire. However, 34.6 percent felt that it would be preferred and 65.4 percent indicated it was not necessary. Those with prior nursing education experience responded with 18.2 percent for essential, 45.5 percent for preferred and 36.4 percent for not necessary acquisition.

Item 17: Participating in the defining and upgrading of the standards of nursing practice and/or nursing education. Responses indicated a 54.5 percent of opinions expressing this to be essential from those with nursing education experience as compared to 3.8 percent from those without experience in nursing education.

Years of Employment in Nursing Education of Faculty and Unit-based/ Inservice Instructors

The relationship between length of experience in nursing education

of these two populations and their opinions regarding the acquisition of professional behaviors prior to graduation was examined. No significant relationships were identified. (See Appendix C, Table 4)

Years of Employment in Nursing Practice Prior to Employment in Nursing Education of Faculty and Unit-based/Inservice Instructors

Similarly, the study also explored whether previous employment and length of experience in nursing practice prior to employment in nursing education had any effect on the responses. Again no significant relationships were identified. (See Appendix C, Table 4)

SUMMARY

In this chapter the data collected from the five groups of participants were analyzed and discussed.

Frequency and percentage distributions were used to provide an educational, professional and demographic profile of each of the five populations.

Frequencies and percentages were also used to present the opinions of the five populations regarding the acquisition of professional behaviors by nursing students prior to graduation.

The Chi Square Test was utilized to demonstrate differences in opinion among the five groups and to identify those which were statistically significant. The F test was used to determine whether there were significant differences among the five groups as to the percentage of professional behaviors which were considered to be essential, preferred or not necessary for the nursing student to acquire prior to graduation.

To demonstrate relationships between the educational, professional and demographic variables of the participants and their responses, the

data related to the independent variables were collapsed into categories and crosstabs were applied against each professional behavior. The Chi Square Test was again used to identify statistically significant relationships.

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

This chapter summarizes the purpose, methodology and major findings of the study. Conclusions drawn from the results will be stated and implications and recommendations for further study will be presented.

SUMMARY

Nature of the Study

Nursing education programs are responsible for the adequate socialization of their students to the role of the professional nurse. Socialization during the educational process refers to the selective acquisition of the knowledge, attitudes, values and skills of a particular role. Rothenberg (1980:21) indicated that "the professional role is the content of professional socialization." Deane (1978) noted that professional behaviors are the result of successful professional socialization.

A frequently documented concern in the literature is the inability of professional nursing programs to provide for a smooth transition from the educational setting to professional practice. It follows then, that the determination of which professional behaviors are essential for the nursing student to acquire prior to graduation, and which professional behaviors can be acquired after graduation is an important issue for both nursing education and nursing service.

A study by Deane (1978) identified behaviors characteristic of the professional nurse and gathered opinions of baccalaureate faculty as to which of these behaviors are essential for the nursing student to acquire prior to graduation. A subsequent recommendation was that a comparative

study be undertaken to gather opinions from a more diverse group of nursing personnel.

The purpose of this study was to expand this established and existing study in order to determine which professional behaviors are essential for the nursing student to acquire prior to graduation in the opinions of nursing personnel other than nurse educators in baccalaureate programs. The results of the study would add to the rather limited amount of research which has been done on the acquisition of professional behaviors by nursing students. It would also provide an indication of the degree of consensus among various groups of nursing professionals as to which professional behaviors are essential for the nursing student to acquire prior to graduation.

Methodology

The portion of Deane's (1978) original questionnaire which directly addressed the acquisition of professional behaviors prior to graduation was used. Minor revisions were made to the terminology and format of the original questionnaire for purposes of clarity and more accurate reflection of the Canadian setting. No further pilot studies were carried out as pilot testing had already been conducted by Deane. The questionnaire was comprised of two parts. Part I requested educational, professional and demographic data from the respondents. Part II contained the 25 professional behaviors and respondents were requested to circle the option - essential, preferred or not necessary - that best represented their opinion as to whether the professional behavior should be acquired by nursing students prior to graduation.

The sample identified for the purpose of this study consisted of University of Alberta Hospitals School of Nursing faculty, recent

graduates, and senior students, as well as University of Alberta Hospitals nursing unit supervisors and nursing unit-based/inservice instructors. The study consisted of 197 participants.

The investigator met with each of the groups, except the recent graduates, as a whole to provide an introduction to the nature of the proposed research at which time the questionnaires were also completed and returned. A personal delivery of the questionnaire was made to those individuals not present at the group meeting. The questionnaires were mailed out to the recent graduates.

The Statistical Package for the Social Sciences (SPSS) was used to develop the programs for the data analyses. Frequency and percentage distributions were used to provide an educational, professional and demographic profile of each of the five populations, as well as to present their opinions regarding the acquisition of professional behavior by nursing students prior to graduation. The Chi Square Test was utilized to demonstrate differences among opinions and identify those which were statistically significant. Crosstabs were applied to the data to present relationships between the educational, professional and demographic variables of the respondents and their opinions. The Chi Square Test was again used to identify those relationships which were statistically significant.

Review of Major Findings

This section summarizes the findings as they apply to each of the three research questions.

Question 1: Opinions of the Five Populations Regarding Acquisition of Professional Behavior by Nursing Students Prior to Graduation. (Table 6)

1. The majority (over 50 percent) of faculty indicated the following:
   a) Essential behaviors included items 1, 2, 3, 5, 7, 8, 10, 11, 12, 16, 20, 22, 23 and 25.
   b) Preferred behaviors included items 4, 14, 15, 17, 18, 19, 21 and 24.
2. The majority (over 50 percent) of recent graduates indicated the following:
   a) Essential behaviors included items 1, 2, 3, 5, 7, 8, 10, 11, 12, 16, 20, 22 and 25.
   b) Preferred behaviors included items 9, 13, 14, 17, 18, 19, 23 and 24.
3. The majority (over 50 percent) of senior students indicated the following:
   a) Essential behaviors included items 1, 2, 3, 5, 7, 8, 10, 11, 12, 15, 16, 20, 22 and 25.
   b) Preferred behaviors included items 4, 6, 13, 14, 17, 18, 19, 21, 23 and 24.
4. The majority (over 50 percent) of unit supervisors indicated the following:
   a) Essential behaviors included items 1, 2, 3, 5, 7, 8, 10, 11, 12, 20, 22 and 25.
   b) Preferred behaviors included items 6, 9, 14, 18, 19, 21, 23 and 24.
5. The majority (over 50 percent) of unit-based/inservice instructors indicated the following:
   a) Essential behaviors included items 1, 2, 3, 5, 7, 8, 10,

11, 12, 15, 16, 18, 20, 22 and 25.

b) Preferred behaviors included items 4, 14, 17, 19 and 21.

Question 2: Differences in Opinion Among the Five Populations Regarding Acquisition of Professional Behaviors by Nursing Students Prior to Graduation.

1. Statistically significant differences among opinions resulted for items 6, 13, 17, 18, 21, 22, 24 and 25. (Table 6)
2. There was no statistically significant difference among the five groups in the percentage of professional behaviors which were considered essential for the nursing student to acquire prior to graduation. (Table 7)

Question 3: Relationships Between the Educational, Professional and Demographic Background of the Participants and their Opinions Regarding the Acquisition of Professional Behaviors by Nursing Students Prior to Graduation. (Appendix C)

Statistically significant relationships between the independent variables and opinions regarding acquisition of professional behaviors included the following:

1. Age affected items 3, 17, 18 and 21.
2. Years in current position affected item 3.
3. Employment in areas other than nursing affected item 6.
4. Type of basic nursing education program affected items 11 and 15.
5. Country in which basic nursing education was attained affected items 10, 13 and 17.
6. Year of graduation from basic nursing education program affected items 2, 3, 13 and 25.

7. Highest level of nursing education attained affected items 13, 16, 22, 23 and 25.
8. Country in which highest level of nursing education was attained affected items 10, 13, 15, 17 and 21.
9. Year of graduation from highest level of nursing education affected items 2, 5, 6, 13 and 25.
10. Involvement in nursing committees affected items 13, 18 and 25.
11. Involvement in nursing research activities affected item 5.
12. Length of experience in nursing practice affected item 23.
13. Length of employment in nursing education prior to employment in nursing practice affected items 13 and 17.

The following independent variables had no statistically significant effect on the opinions regarding acquisition of professional behaviors:

1. Currently pursuing a degree in higher education.
2. Involvement in nursing continuing education activities.
3. Length of employment in nursing education.
4. Length of employment in nursing practice prior to employment in nursing education.

CONCLUSIONS

The following conclusions are based upon the findings of the study:

1. The majority of the professional behaviors are considered to be essential or at least preferred acquisitions for the nursing student prior to graduation in the opinions of all five groups.
2. The majority of the behaviors in the categories of expertise and autonomy were felt to be essential by all five groups.

3. All five groups preferred that the majority of behaviors in the category of professional commitment be acquired prior to graduation but did not consider them to be essential acquisitions.
4. All five groups were of the opinion that the behaviors in the category of responsibility to society should be either essential or preferred acquisitions prior to graduation.

These four conclusions are in keeping with the findings of Deane's (1978) study.

5. The majority of the differences in opinions among the five groups were in the category of responsibility to society (four out of the eight items) and professional commitment (two out of the eight items).
6. The variables of age and nursing education background, particularly related to the highest level of nursing education attained, had the most significant effect on the opinions expressed. This is somewhat different from Deane's (1978) study where no statistically significant relationships were identified between the participants' backgrounds and their opinions.

IMPLICATIONS AND RECOMMENDATIONS

The results of this study indicated that there is a considerable degree of consensus among various groups of nursing professionals as to which professional behaviors are essential for the nursing student to acquire prior to graduation. On the surface, this would appear to challenge the much documented issue of "reality shock" which is said to

occur when the new graduate leaves the educational setting and enters the work situation. However, several factors need to be considered prior to making that assumption. Firstly, although there may be consensus among the various groups as to which professional behaviors are essential prior to graduation, the degree to which the consensus occurs within each group is just as important a factor. There needs to be consistency among the socializing agents for the socialization process to be effective. Secondly, the study investigated the "opinions" of participants. There are often contradictions between what is believed and what is actually practiced. Thirdly, opinions are based upon interpretations of terminology and these interpretations may vary from individual to individual affecting the validity of responses. A fourth factor to consider is methods of socialization used by the socializing agents to achieve these behaviors. Some methods may be more effective than others thus influencing whether the behavior will actually be acquired.

The study has implications for both nursing education and nursing practice. Nursing education programs need to take a critical look at those professional behaviors which are considered to be essential for the nursing student to acquire prior to graduation. Curricula must be examined to determine how their various components contribute to the socialization of students to the professional role of the nurse. The content, sequencing and complexity of both theory and clinical practice must be appropriate to facilitate development of these behaviors. Methods of socialization used by the educational programs need to be examined for their effectiveness in producing the desired behavior. New methods may need to be utilized or developed if those presently in use are not

successful or no longer appropriate. A major factor influencing methods of socialization is the current request for increased enrollments in nursing education programs resulting in decreased availability of appropriate clinical experiences for students. If faculty are to be effective role models, then there must be consistency in professional values and attitudes; this has important implications for hiring practices. For those behaviors which are considered to be preferred or not essential acquisitions prior to graduation, faculty need to ensure that the value and rationale for development of those behaviors is stressed during the educational program even though it may not be feasible for the individual to actually demonstrate that behavior while in the student role. Nursing education programs also must assist the student in anticipating and integrating the "ideal" and the "real" in an effort to provide for a smooth transition from the educational setting to professional practice.

Nursing service must also take a critical look at those professional behaviors which are considered essential for the nursing student to acquire prior to graduation. If, as a student, the individual is expected to demonstrate that behavior, then as a graduate she must be provided with the opportunity to maintain that behavior. As students leave their educational programs, the individuals in the practice setting become the major influencing professional role models. Nursing service administrators have a major role to play in decreasing the professional-bureaucratic conflict encountered in the practice setting. For those behaviors which are considered preferred or not essential acquisitions prior to graduation, opportunities must be provided for the development of these behaviors through orientation and inservice programs.

The basic premise underlying effective socialization to the professional role of nurse is positive productive collaboration between nursing education and nursing practice. Both must work together to determine behaviors characteristic of the professional nurse. Both must also work together to determine which behaviors must be acquired prior to graduation and then which may be acquired after graduation. If nursing education programs are responsible for the adequate socialization of students to the role of the professional nurse, then nursing service is responsible for ensuring environments where these professional behaviors are supported, reinforced and practiced.

As a result of the limitations and implications of this study, the following recommendations are made:

1. A comparative study needs to be done which includes a greater involvement of professional nurses from other educational programs and health care institutions to increase the generalizability of the results.
2. Further research into the methods of socialization to determine those methods which are effective in producing the desired professional behavior.
3. Criteria need to be developed which will demonstrate the professional behavior.
4. Additional studies should be done to determine behavior characteristic of professional nurses.
5. Evaluations of the strengths and weaknesses of present nursing education curricula in relation to effective socialization of students.
6. Further studies to determine both positive and negative factors

which influence the socialization to the professional role of the nurse.

7. Comparative studies to determine similarities and differences between diploma and baccalaureate nursing education programs of today. It is important to note that education programs change in response to society's needs. For example, what might have been the focus of diploma programs ten years ago is certainly not the case presently. However, participants' opinions often relfect the beliefs of their basic nursing education. This may result in decreasing the validity of responses which lead to conclusions that the focus and emphasis of diploma and baccalaureate programs are very different.
8. Further studies related to issues pertaining to the socialization process, for example, the nursing shortage, increased enrollments, decreased availability of clinical facilities.

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APPENDICES

APPENDIX A

1. LETTER OF REQUEST
2. LETTER OF PERMISSION
3. ORIGINAL QUESTIONNAIRE (DEANE, 1978)

April 22, 1981

Donna Berner Deane
School of Nursing
Ohio State University
Columbus, Ohio

Dear Donna Deane:

I am a graduate student in the Department of Educational Administration at the University of Alberta and am currently in the process of completing my master's thesis. As discussed with you in an earlier telephone conversation, I would like to request permission to utilize a portion of the questionnaire from your doctoral dissertation entitled Clinical Experience in Nursing Education: Faculty Opinion Regarding Its Contribution to the Professional Socialization of Nursing Students (1978).

One of your recommendations for further research was that a comparative study be done to determine whether the opinions of various nursing personnel differ with respect to which professional behaviors are essential for a nursing student to acquire prior to graduation.

The intent of my study is to replicate that part of your study which directly addresses the acquisition of professional behaviors prior to graduation. This will be done by administering the questionnaire to the following groups of professionals at the University of Alberta Hospitals in Edmonton, Alberta: nursing unit supervisors, nursing unit-based/inservice instructors, School of Nursing faculty, senior students and recent graduates.

At this time, I would like to thank you in advance for allowing me to expand upon your study. The ideas and issues presented have provided me with the necessary direction to pursue a topic which is of personal interest to me as well as being of relevance to both nursing education and nursing service. I will be pleased to forward the results of my study to you.

Yours sincerely,

Adeline Pasichnyk

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OSU

The Ohio State University

School of Nursing
Newton Hall
1585 Neil Avenue
Columbus, Ohio 43210
Phone 614 422-5371

May 12, 1982

Adeline Pasichnyk
Curriculum Planner - School of Nursing
University of Alberta Hospitals
Edmonton, Alberta
Canada T6G 2B7

Dear Adeline Pasichnyk:

I am pleased to know that you are expanding on my doctoral dissertation for your master's thesis. As I indicated per phone conversation, you certainly have my permission to utilize a portion of the questionnaire for your study.

I wish you success as you complete the thesis. I would be interested in receiving a copy of the results of your study. I'm curious as to whether your results will support those that I got.

Sincerely,

Donna

Donna Deane, Ph.D.

DD/bws

INTRODUCTION TO QUESTIONNAIRE

Dear Nursing Faculty Member:

I am a doctoral candidate in Educational Administration at Ohio State University and am currently involved in the completion of my doctoral dissertation. As a part of the dissertation research I wish to identify some opinions of nursing faculty regarding clinical laboratory experience. My sample includes nursing faculty currently employed full time in baccalaureate nursing education in Ohio.

Recently I contacted the administrator of your nursing program; she indicated that you might be interested in participating in the study. If so, I would very much appreciate your time and consideration in completing the enclosed questionnaire, completion should require less than 20 minutes. A stamped, self-addressed envelope is enclosed for your return of the completed questionnaire; all information will be treated confidentially. It is important that the completed questionnaire be returned to me by_____.

I really do appreciate your willingness to contribute to my research efforts, I realize that this request adds an additional responsibility to your already tight schedule. Thank you for your consideration.

Sincerely,

Donna Deane, R.N., M.S.

Instructions For Completing the Questionnaire

Responses in the questionnaire should reflect your opinion and where appropriate relate to your most recent teaching position. Your opinions are important.

The questionnaire is comprised of three sections. Section I is to provide background information about baccalaureate nursing faculty in Ohio. Section II is based on a list of experiences available to students in the clinical laboratory. You are asked to express your opinion about the experiences identified in the center column by responding to items in both the left and the right hand columns. Section III is based on a list of behaviors characteristic of professional nurses. You are asked to express your opinion about the behaviors by again responding to items in both the left and the right hand columns. More specific directions are included in each Section.

SECTION I: BACKGROUND INFORMATION

1. How long have you been in your current position?
(1-11) (1) ____1-3 years (3) ___7-10 years
(2) ____4-6 years (4) ___over 10 years

(12) 2. Indicate your sex. (1)___female (2)___male

3. Indicate your race. (1)___Afro-American
(2)___American Indian (3)___Oriental-
(13) American (4)___Spanish Surnamed American
(5)___Other

4. Indicate your age. (1)___under 25
(14) (2)___26-30 (3)___31-40 (4)___41-50
(5)___over 50

5. Do you currently hold an adjunct clinical
(15) appointment in any type of health care agency?
(1)___yes (2)___no

6. Have you previously held an adjunct clinical
(16) appointment in any type of health care agency?
(1)___yes (2)___no

7. How many years have you been employed in
(17) nursing education?
(1)___1-3 (3)___7-10
(2)___4-6 (4)___over 10

8. How many years have you been employed in
(18) baccalaureate nursing education?
(1)___1-3 (3)___7-10
(2)___4-6 (4)___over 10

9. How many years were you employed in nursing
practice? (1)___1-3 (3)___7-10
(19) (2)___4-6 (4)___over 10

10. Do you teach in an integrated nursing
(20) curriculum? (1)___yes (2)___no

11. Is a health care complex included under the
(21) auspices of your educational institution?
(1)___yes (2)___no

12. Are programs for any other health care discipline
(22) offered in your educational institution?
(1)___yes (2)___no

13. What is the nursing program's student enrollment
(23-25) at the junior and senior level? (1)____

14. What is the approximate number of nursing
(26-28) students that you have supervised in the clinical
laboratory during the last year? (1)____

15. What is the total number of health care agencies
(29-31) in which you supervised students during the
last year? (1)____

16. In what type of nursing program did you receive
(32) your basic nursing education?
(1)___Diploma (2)___Associate Degree
(3)___Baccalaureate

17. What year did you graduate from your basic
(33-34) nursing education program? (1)19___

SECTION I: BACKGROUND INFORMATION (cont. ...)

18. Indicate the highest degree you have earned.

(35)
(1)___Master's, Nursing
(2)___Master's, another area
(3)___Doctorate, Nursing
(4)___Doctorate, another area
(5)___Other, specify_____

19. How recently did you complete your highest degree?

(36)
(1)___During the last year (2)___2-4 years ago
(3)___5-10 years ago (4)___over 10 years ago

SECTION II: CLINICAL LABORATORY EXPERIENCES

Rank order the teaching learning situations noted in the left hand column according to their relative importance in providing a student the opportunity to experience the behavior indicated in the center column. Indicate your opinion by ranking: 1 for the most important, 2 for the next in importance and 3 for the least important. It is essential that you fill in all three blanks.

In the right hand column, indicate whether student opportunities to experience each behavior in the clinical laboratory:

1. a. clinical laboratory ___ b. school laboratory ___ c. formal classes ___ (37-39)	Utilizing the nursing process.	2. d. should be increased ___ e. are currently sufficient ___ (40) f. need to be decreased ___ g. are not necessary ___
1. a. clinical laboratory ___ b. school laboratory ___ c. formal classes ___ (41-43)	Participating as a member of a health team.	2. d. should be increased ___ e. are currently sufficient ___ (44) f. need to be decreased ___ g. are not necessary ___
1. a. clinical laboratory ___ b. school laboratory ___ c. formal classes ___ (45-47)	Observing nursing research activities in client oriented environments.	2. d. should be increased ___ e. are currently sufficient ___ (48) f. need to be decreased ___ g. are not necessary ___
1. a. clinical laboratory ___ b. school laboratory ___ c. formal classes ___ (49-51)	Learning how to apply theory in practice situations.	2. d. should be increased ___ e. are currently sufficient ___ (52) f. need to be decreased ___ g. are not necessary ___
1. a. clinical laboratory ___ b. school laboratory ___ c. formal classes ___ (53-55)	Developing competence in motor skills.	2. d. should be increased ___ e. are currently sufficient ___ (56) f. need to be decreased ___ g. are not necessary ___
1. a. clinical laboratory ___ b. school laboratory ___ c. formal classes ___ (57-59)	Developing competence in interpersonal skills.	2. d. should be increased ___ e. are currently sufficient ___ (60) f. need to be decreased ___ g. are not necessary ___

SECTION II: CLINICAL LABORATORY EXPERIENCES (cont. ...)

1. a. clinical laboratory ___ b. school laboratory ___ c. formal classes ___ (61-63)	Developing skills of observation in client situations.	2. d. should be increased e. are currently sufficient ___ (64) f. need to be decreased ___ g. are not necessary ___
1. a. clinical laboratory ___ b. school laboratory ___ c. formal classes ___ (65-67)	Participating in the nursing research process.	2. d. should be increased e. are currently sufficient ___ (68) f. need to be decreased ___ g. are not necessary ___
1. a. clinical laboratory ___ b. school laboratory ___ c. formal classes ___ (69-71)	Developing an awareness of the legal components and parameters of nursing practice.	2 d. should be increased e. are currently sufficient ___ (72) f. need to be decreased ___ g. are not necessary ___
1. a. clinical laboratory ___ b. school laboratory ___ c. formal classes ___ (73-75)	Developing a variety of intervention strategies for working with clients.	2. d. should be increased e. are currently sufficient ___ (76) f. need to be decreased ___ g. are not necessary ___
1. a. clinical laboratory ___ b. school laboratory ___ c. formal classes ___ (77-79)	Synthesizing various knowledges and skills previously learned in classroom situations.	2. d. should be increased e. are currently sufficient ___ (80) f. need to be decreased ___ g. are not necessary ___
1. a. clinical laboratory ___ b. school laboratory ___ c. formal classes ___ (11-11-13)	Developing professional judgement by making decisions in selected situations.	2. d. should be increased e. are currently sufficient ___ (14) f. need to be decreased ___ g. are not necessary ___
1. a. clinical laboratory ___ b. school laboratory ___ c. formal classes ___ (15-17)	Collaborating with peers and other professionals.	2. d. should be increased e. are currently sufficient ___ (18) f. need to be decreased ___ g. are not necessary ___

SECTION II: CLINICAL LABORATORY EXPERIENCES (cont. ...)

1.			2.		
a. clinical laboratory ___	Identifying and utilizing individualized approaches to the application of knowledge.	(19-21)	d. should be increased ___	e. are currently sufficient ___	(22) f. need to be decreased ___	g. are not necessary ___
b. school laboratory ___						
c. formal classes ___						
a. clinical laboratory ___	Observing and interacting with role models who exhibit expertise in nursing practice.	(23-25)	e. should be increased ___	e. are currently sufficient ___	(26) f. need to be decreased ___	g. are not necessary ___
b. school laboratory ___						
c. formal classes ___						
a. clinical laboratory ___	Assuming responsibility for identifying and utilizing learning opportunities	(27-29)	d. should be increased ___	e. are currently sufficient ___	(30) f. need to be decreased ___	g. are not necessary ___
b. school laboratory ___						
c. formal classes ___						
a. clinical laboratory ___	Participating in a task environment that is client centered.	(31-33)	d. should be increased ___	e. are currently sufficient ___	(34) f. need to be decreased ___	g. are not necessary ___
b. school laboratory ___						
c. formal classes ___						
a. clinical laboratory ___	Assuming accountability for client welfare.	(35-37)	d. should be increased ___	e. are currently sufficient ___	(38) f. need to be decreased ___	g. are not necessary ___
b. school laboratory ___						
c. formal classes ___						
a. clinical laboratory ___	Assuming high risk, pressure, deadlines, and accountability in client situations.	(39-41)	d. should be increased ___	e. are currently sufficient ___	(42) f. need to be decreased ___	g. are not necessary ___
b. school laboratory ___						
c. formal classes ___						
a. clinical laboratory ___	Recognizing and responding to the uniqueness of clients and client systems.	(43-45)	d. should be increased ___	e. are currently sufficient ___	(46) f. need to be decreased ___	g. are not necessary ___
b. school laboratory ___						
c. formal classes ___						

SECTION III

In this section, indicate whether or not clinical laboratory experience is essential in order for the student to develop the behavior identified in the center column.		In this column, indicate how important it is that nurses exhibit this professional behavior prior to graduation.
1. a. yes ___ b. no ___ (47)	Using the nursing process effectively in the practice of nursing.	2. c. essential ___ (48) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (49)	Utilizing theory as a basis for practice.	2. c. essential ___ (50) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (51)	Exhibiting competence in the performance of psychomotor skills	2. c. essential ___ (52) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (53)	Utilizing educational opportunities for maintaining and expanding personal and professional abilities.	2. c. essential ___ (54) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (55)	Using interpersonal skills capably in communicating with clients, colleagues, and other professionals.	2. c. essential ___ (56) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (57)	Applying the research process effectively in nursing practice situations.	2. c. essential ___ (58) d. preferrred ___ e. not necessary ___
1. a. yes ___ b. no ___ (59)	Basing decisions and interventions on professional judgement.	2. c. essential ___ (60) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (61)	Participating in peer collaboration and evaluation.	2. c. essential ___ (62) d. preferred ___ e. not necessary ___

SECTION III (cont. ...)

1. a. yes ___ b. no ___ (63)	Accepting accountability for individual actions and judgements.	2. c. essential ___ (64) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (65)	Exhibiting creativity and flexibility in the planning of nursing care.	2. c. essential ___ (66) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (67)	Exhibiting knowledge of the legal components and parameters of nursing practice.	2. c. essential ___ (68) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (69)	Participating in the formation of public policy which concerns nursing and health care.	2. c. essential ___ (70) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (71)	Joining and participating in the professional nursing organization.	2. c. essential ___ (72) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (73)	Identifying specific professional goals for self.	2. c. essential ___ (74) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (75)	Exhibiting self-direction for identifying learning experiences which will provide personal and professional growth.	2. c. essential ___ (76) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (77)	Participating in the defining and upgrading of the standards of nursing practice and/or nursing education.	2. c. essential ___ (78) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (79)	Reading professional nursing journals on a regular basis.	2. c. essential ___ (80) d. preferred ___ e. not necessary ___

SECTION III (cont. ...)

1. a. yes ___ b. no ___ (111-11)	Sharing professional knowledge with others - publications, research, collaboration.	2. c. essential (12) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (13)	Accepting accountability for the legal-ethical standards of nursing practice.	2. c. essential (14) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (15)	Collaborating with members of health professions and other citizens in promoting efforts to meet the health needs of society.	2. c. essential (16) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (17)	Making professional judgements which are based on client needs.	2. c. essential (18) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (19)	Exhibiting advocacy for the health care consumer.	2. c. essential (20) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (21)	Showing consideration for the cost-benefit aspects of providing health care in terms of time, resources, and energy.	2. c. essential (22) d. preferred ___ e. not necessary ___
1. a. yes ___ b. no ___ (23)	Encouraging client systems to utilize their own capacities to maximum potential.	2. c. essential (24) d. preferred ___ e. not necessary ___

APPENDIX B

1. COVER LETTER

2. INTRODUCTION TO QUESTIONNAIRE

3. GUIDELINES FOR COMPLETION OF QUESTIONNAIRE

4. PART I OF QUESTIONNAIRE AS DISTRIBUTED TO:

   a) University of Alberta Hospitals School of Nursing Faculty.

   b) University of Alberta Hospitals School of Nursing Recent Graduates.

   c) University of Alberta Hospitals School of Nursing Senior Students.

   d) University of Alberta Hospitals Unit Supervisors.

   e) University of Alberta Hospitals Unit-based/ Inservice Instructors.

5. PART II OF QUESTIONNAIRE AS DISTRIBUTED TO ALL FIVE GROUPS.

Dear

I am a graduate student at the University of Alberta and am currently in the process of completing my master's thesis in Educational Administration. My study is aimed at determining which professional behaviors are necessary for the nursing student to acquire prior to graduation. To achieve this, a questionnaire has been designed to gather the opinions of the following groups of professionals at the University of Alberta Hospitals: nursing unit supervisors, nursing unit-based/inservice instructors, and School of Nursing faculty, senior students and recent graduates.

I would very much appreciate your time and effort in completing the attached questionnaire, which should take you approximately 15 - 20 minutes. All information will be treated confidentially.

Thank you for your assistance.

Yours sincerely,

Adeline Pasichnyk

PROFESSIONAL BEHAVIORS NECESSARY

FOR THE SOCIALIZATION OF NURSING STUDENTS

INTRODUCTION TO QUESTIONNAIRE

Professional education is responsible for the adequate socialization of its students for future professional roles. Socialization during the educational process refers to the selective acquisition of knowledge, attitudes, values and skills of a particular role, resulting in professional behavior. Professionalism is characterized by four broad categories of professional behavior:

1. Expertise - a specific body of knowledge and skills which is obtained through extensive formal training.
2. Autonomy - self-regulation through a code of ethics and standards for practice.
3. Professional commitment - group commitment to the profession and not to individual self-interest.
4. Responsibility to society - accountability to the individual client and to society in general.

The questionnaire contains 25 items which have been identified as behaviors characteristic of the professional nurse. Determination of which professional behaviors are essential for the nursing student to acquire prior to graduation, and which professional behaviors can be acquired after graduation is an important issue for both nursing education and nursing practice.

GUIDELINES FOR COMPLETION OF QUESTIONNAIRE

The questionnaire is comprised of two parts.

Part I contains demographic data which will provide a profile of the respondents.

Part II contains the 25 professional nursing behaviors within the four categories characteristic of professionalism. Three options are provided for each response and are coded as follows:

Essential	1
Preferred	2
Not Necessary	3

Please respond to each item by circling the option that represents your opinion, relative to your current position, of whether the professional behavior should be acquired by nursing students prior to graduation. Choose only one option for each response.

SAMPLE:

	E	P	N
1. Utilizing growth and development theory in caring for children.	1	2	3

Please answer all parts of the questionnaire. Your answers are confidential and will not be identified.

PART I: DEMOGRAPHIC DATA

	PLEASE DO NOT WRITE IN THIS AREA
1. This questionnaire is being completed by:	cc 1 - 3 ___
1) University of Alberta Hospitals School of Nursing faculty member ___	
2) University of Alberta Hospitals School of Nursing recent graduate ___	
3) University of Alberta Hospitals School of Nursing senior student ___	4 ___
4) University of Alberta Hospitals nursing unit supervisor ___	
5) University of Alberta Hospitals nursing unit-based/inservice instructor ___	
2. Indicate your sex.	
1) Male ___	
2) Female ___	5 ___
3. State your age in years. ___	6 - 7 ___
4. How many years have you been in your current position? ___	8 - 9 ___
5. How many years have you been employed in nursing education? ___	10 - 11___
6. How many years have you been employed in diploma nursing education? ___	12 - 13___
7. How many years were you employed in nursing practice? ___	14 - 15___

PLEASE DO NOT WRITE IN THIS AREA

cc

8. Have you had previous employment in areas other than nursing?

   1) Yes ____

   2) No ____ 16 ____

9. Indicate the type of nursing program from which you received your basic nursing education.

   1) Hospital diploma ____ 17 ____

   2) College diploma ____

   3) Baccalaureate ____

   4) Other ____

   Please specify _____

10. In what country did you take your basic nursing education?

   1) Canada ____ 18 ____

   2) United States ____

   3) Other ____

   Please specify _____

11. In what year did you graduate from your basic nursing education program? ____ 19 - 20 ____

12. Indicate the highest level of nursing education that you have completed.

   1) R.N. diploma ____

   2) Baccalaureate ____

   3) Masters ____ 21 ____

   4) Doctorate ____

   5) Other ____

   Please specify _____

PLEASE DO NOT WRITE IN THIS AREA

cc

13. In what country did you take your highest level of nursing education?

    1) Canada ____
    2) United States ____
    3) Other ____

    Please specify _____

22 ____

14. In what year did you complete your highest level of nursing education? ____

23 - 24 ____

15. Indicate the highest level of postsecondary education you have completed in an area other than nursing. (Please indicate major field of study).

    1) Baccalaureate ____ Major field of study _____
    2) Masters ____ Major field of study _____
    3) Doctorate ____ Major field of study _____
    4) Other ____ Major field of study _____

    Please specify _____

25 ____

16. Are you currently pursuing a degree in higher education? (Please indicate major field of study).

    1) Yes ____ Major field of study _____
    2) No ____

26 ____

17. Do you utilize professional nursing journals in updating your knowledge?

    1) Yes ____
    2) No ____

27 ____

PLEASE DO NOT WRITE IN THIS AREA

cc

18. How many continuing education activities, conferences and/or workshops related to nursing have you attended within the past two years? ____ 28 - 29____

19. How many committees related to nursing have you served on within the past two years?_____ 30 - 31____

20. How many research activities related to nursing have you been involved in within the past two years?____ 32 - 33____

PART I: DEMOGRAPHIC DATA

PLEASE DO NOT WRITE IN THIS AREA

cc

1. This questionnaire is being completed by:

   1) University of Alberta Hospitals School of Nursing faculty member ____ 1 - 3 ____

   2) University of Alberta Hospitals School of Nursing recent graduate ____

   3) University of Alberta Hospitals School of Nursing senior student ____ 4 ____

   4) University of Alberta Hospitals nursing unit supervisor ____

   5) University of Alberta Hospitals unit-based/ inservice instructor ____

2. Indicate your sex.

   1) Male ____ 5 ____

   2) Female ____

3. State your age in years. ____ 6 - 7 ____

4. How many months have you been in your current position? ____ 8 - 9 ____

5. Have you had previous employment in areas other than nursing?

   1) Yes ____

   2) No ____ 16 ____

PLEASE DO NOT WRITE IN THIS AREA

cc

6. Indicate the highest level of postsecondary education you have completed in an area other than nursing. (Please indicate major field of study)

   1) Baccalaureate ___ Major field of study _____

   2) Masters ___ Major field of study _____ 25 ___

   3) Doctorate ___ Major field of study _____

   4) Other ___ Major field of study _____

   Please specify _____

7. Are you currently pursuing a degree in higher education? (Please indicate major field of study)

   1) Yes ___ Major field of study _____

   2) No ___ 26 ___

8. Do you utilize professional nursing journals in updating your knowledge?

   1) Yes ___

   2) No ___ 27 ___

9. How many continuing education activities, conferences and/or workshops related to nursing have you attended within the past two years? ___ 28 - 29 ___

10. How many committees related to nursing have you served on within the past two years? ___ 30 - 31 ___

11. How many research activities related to nursing have you been involved in within the past two years? ___ 32 - 33 ___

. PLEASE DO NOT WRITE IN THIS AREA

cc

12. Indicate your present area of employment.

1) Nursing practice ____

2) Nursing education ____ 34 ____

3) Other ____

Please specify_____

PART I: DEMOGRAPHIC DATA

PLEASE DO NOT WRITE IN THIS AREA

cc

1. This questionnaire is being completed by:

   1) University of Alberta Hospitals School of Nursing faculty member ___ 1 - 3 ___

   2) University of Alberta Hospitals School of Nursing recent graduate ___

   3) University of Alberta Hospitals School of Nursing senior student ___ 4 ___

   4) University of Alberta Hospitals nursing unit supervisor ___

   5) University of Alberta Hospitals nursing unit-based/inservice instructor ___

2. Indicate your sex.

   1) Male ___ 5 ___

   2) Female ___

3. State your age in years. ___ 6 - 7 ___

4. Have you had previous employment in areas other than nursing?

   1) Yes ___

   2) No ___ 16 ___

5. Indicate the highest level of postsecondary education you have completed in an area other than nursing. (Please indicate major field of study).

   1) Baccalaureate ___ Major field of study _____

   2) Masters ___ Major field of study _____ 25 ___

   3) Doctorate ___ Major field of study _____

   4) Other ___ Major field of study _____

   Please specify _____

PLEASE DO NOT WRITE IN THIS AREA

cc

6. Do you utilize professional nursing journals in updating your knowledge?

   1) Yes ____

   2) No ____ 27 ____

7. How many continuing education activities, conferences and/or workshops related to nursing have you attended within the past two years? ____ 28 - 29____

8. How many committees related to nursing have you served on within the past two years? ____ 30 - 31____

9. How many research activities related to nursing have you been involved in within the past two years? ____ 32 - 33____

PART I: DEMOGRAPHIC DATA

PLEASE DO NOT WRITE IN THIS AREA

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1. This questionnaire is being completed by:

   1) University of Alberta Hospitals School of Nursing faculty member ____ — 1 - 3 ____

   2) University of Alberta Hospitals School of Nursing recent graduate ____

   3) University of Alberta Hospitals School of Nursing senior student ____ — 4 ____

   4) University of Alberta Hospitals nursing unit supervisor ____

   5) University of Alberta Hospitals unit-based/ inservice instructor ____

2. Indicate your sex.

   1) Male ____ — 5 ____

   2) Female ____

3. State your age in years ____ — 6 - 7 ____

4. How many years have you been in your current position? ____ — 8 - 9 ____

5. How many years have you been employed in nursing practice? ____ — 10 - 11 ____

6. How many years have you been employed in the capacity of a nursing unit supervisor? ____ — 12 - 13 ____

7. How many years were you employed in nursing education? ____ — 14 - 15 ____

   Please specify type of program _____

PLEASE DO NOT WRITE IN THIS AREA

cc

8. Have you had previous employment in areas other than nursing?

   1) Yes ____

   2) No ____ 16 ____

9. Indicate the type of nursing program from which you received your basic nursing education.

   1) Hospital diploma ____ 17 ____

   2) College diploma ____

   3) Baccalaureate ____

   4) Other ____

   Please specify _____

10. In what country did you take your basic nursing education?

   1) Canada ____ 18 ____

   2) United States ____

   3) Other ____

   Please specify _____

11. In what year did you graduate from your basic nursing education program? ____ 19 - 20 ____

PLEASE DO NOT WRITE IN THIS AREA

cc

12. Indicate the highest level of nursing education that you have completed.

1) R.N. diploma ____
2) Baccalaureate ____
3) Masters ____
4) Doctorate ____
5) Other ____

Please specify _____

21 ____

13. In what country did you take your highest level of nursing education?

1) Canada ____
2) United States ____
3) Other ____

Please specify _____

22 ____

14. In what year did you complete your highest level of nursing education? ____

23 - 24 ____

15. Indicate the highest level of postsecondary education you have completed in an area other than nursing. (Please indicate major field of study)

1) Baccalaureate ____ Major field of study _____
2) Masters ____ Major field of study _____
3) Doctorate ____ Major field of study _____
4) Other ____ Major field of study _____

Please specify _____

25 ____

PLEASE DO NOT WRITE IN THIS AREA

cc

16. Are you currently pursuing a degree in higher education? (Please indicate major field of study)

    1) Yes ____Major field of study_____ 26 ____

    2) No ____

17. Do you utilize professional nursing journals in updating your knowledge?

    1) Yes ____ 27 ____

    2) No ____

18. How many continuing education activities, conferences and/or workshops related to nursing have you attended within the past two years? ____ 28 - 29____

19. How many committees related to nursing have you served on within the past two years? ____ 30 - 31____

20. How many research activities related to nursing have you been involved in within the past two years? ____ 32 - 33____

PART I: DEMOGRAPHIC DATA

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1. This questionnaire is being completed by:

   1) University of Alberta Hospitals School of Nursing faculty member ____ 1 - 3 ____

   2) University of Alberta Hospitals School of Nursing recent graduate ____

   3) University of Alberta Hospitals School of Nursing senior student ____ 4 ____

   4) University of Alberta Hospitals nursing unit supervisor ____

   5) University of Alberta Hospitals nursing unit-based/inservice instructor ____

2. Indicate your sex.

   1) Male ____

   2) Female ____ 5 ____

3. State your age in years. ____ 6 - 7 ____

4. How many years have you been in your current position? ____ 8 - 9 ____

5. How many years have you been employed in nursing education? ____ 10 - 11 ____

6. How many years have you been employed in nursing unit-based/inservice education? ____ 12 - 13 ____

7. How many years were you employed in nursing practice? ____ 14 - 15 ____

PLEASE DO NOT WRITE IN THIS AREA

cc

8. Have you have previous employment in areas other than nursing?

   1) Yes ____
   2) No ____

16 ____

9. Indicate the type of nursing program from which you received your basic nursing education.

   1) Hospital diploma ____
   2) College diploma ____
   3) Baccalaureate ____
   4) Other ____

      Please specify _____

17 ____

10. In what country did you take your basic nursing education?

    1) Canada ____
    2) United States ____
    3) Other ____

       Please specify _____

18 ____

11. In what year did you graduate from your basic nursing education program? ____

19 - 20____

PLEASE DO NOT WRITE IN THIS AREA

cc

12. Indicate the highest level of nursing education that you have completed.

    1) R.N. diploma ____
    2) Baccalaureate ____
    3) Masters ____
    4) Doctorate ____
    5) Other ____

    Please specify _____

21 ____

13. In what country did you take your highest level of nursing education?

    1) Canada ____
    2) United States ____
    3) Other ____

    Please specify _____

22 ____

14. In what year did you complete your highest level of nursing education? ____

23 - 24 ____

15. Indicate the highest level of postsecondary education you have completed in an area other than nursing. (Please indicate major field of study)

    1) Baccalaureate ____ Major field of study _____
    2) Masters ____ Major field of study _____
    3) Doctorate ____ Major field of study _____
    4) Other ____ Major field of study _____

    Please specify _____

25 ____

PLEASE DO NOT WRITE IN THIS AREA

cc

16. Are you currently pursuing a degree in higher education? (Please indicate major field of study)

    1) Yes ____ Major field of study_____ 26 ____

    2) No ____

17. Do you utilize professional nursing journals in updating your knowledge?

    1) Yes ____ 27 ____

    2) No ____

18. How many continuing education activities, conferences and/or workshops related to nursing have you attended within the past two years?____ 28 - 29____

19. How many committees related to nursing have you served on within the past two years? ____ 30 - 31____

20. How many research activities related to nursing have you been involved in within the past two years? ____ 32 - 33____

PART II: PROFESSIONAL BEHAVIORS

REMEMBER: E (ESSENTIAL) 1, P (PREFERRED) 2, N (NOT NECESSARY) 3 REPRESENT YOUR OPINION OF WHETHER BEHAVIOR SHOULD BE ACQUIRED PRIOR TO GRADUATION

PROFESSIONAL BEHAVIOR	E P N	PLEASE DO NOT WRITE IN THIS AREA
		CC
I. EXPERTISE		
1. Using the nursing process effectively in the practice of nursing.	1 2 3	35 ___
2. Utilizing theory as a basis for practice.	1 2 3	36 ___
3. Exhibiting competence in the performance of psychomotor skills	1 2 3	37 ___
4. Utilizing educational opportunities for maintaining and expanding professional abilities.	1 2 3	38 ___
5. Using interpersonal skills capably in communicating with clients, colleagues and other professionals.	1 2 3	39 ___
6. Applying the research process effectively in nursing practice situations.	1 2 3	40 ___
II. AUTONOMY		
7. Basing decisions and interventions on professional judgement.	1 2 3	41 ___
8. Collaborating with peers in the provision of nursing care.	1 2 3	42 ___

PROFESSIONAL BEHAVIOR	E	P	N	PLEASE DO NOT WRITE IN THIS AREA	
				CC	
9. Participating in peer evaluation.	1	2	3	43	___
10. Accepting accountability for individual actions.	1	2	3	44	___
11. Planning individualized client care.	1	2	3	45	___
12. Exhibiting knowledge of the legal requirements of nursing practice.	1	2	3	46	___
III. PROFESSIONAL COMMITMENT					
13. Participating in the formation of public policy which concerns health care.	1	2	3	47	___
14. Participating in the professional organization.	1	2	3	48	___
15. Identifying specific professional goals for self.	1	2	3	49	___
16. Exhibiting self-direction for identifying learning experiences which will provide professional growth.	1	2	3	50	___
17. Participating in the defining and upgrading of the standards of nursing practice and/or nursing education.	1	2	3	51	___
18. Reading professional journals on a regular basis.	1	2	3	52	___

PROFESSIONAL BEHAVIOR	E P N	PLEASE DO NOT WRITE IN THIS AREA
		cc
19. Sharing professional knowledge with others - publications, research, collaboration.	1 2 3	53 ___
IV. RESPONSIBILITY TO SOCIETY		
20. Accepting accountability for the legal/ethical standards of nursing practice.	1 2 3	54 ___
21. Collaborating with members of health professions and other citizens in promoting efforts to meet the health needs of society.	1 2 3	55 ___
22. Making professional judgements which are based on client needs.	1 2 3	56 ___
23. Exhibiting advocacy for the health care consumer.	1 2 3	57 ___
24. Showing consideration for the cost-benefit aspects of providing health care in terms of time, resources and energy.	1 2 3	58 ___
25. Encouraging clients to utilize their own capacities to maximum potential.	1 2 3	59 ___

COMMENTS:

Once again, thank you for your participation.

APPENDIX C

1. Table 1: Relationships Between Educational, Professional and Demographic Variables of the Five Groups and their Opinions Regarding the Acquisition of Professional Behaviors Prior to Graduation (Using the Chi Square Test)

2. Table 2: Relationships Between Educational, Professional and Demographic Variables of the Five Groups and their Opinions Regarding the Acquisition of Professional Behaviors Prior to Graduation (Using the Chi Square Test)

3. Table 3: Relationships Between Years of Employment in Nursing Practice and Nursing Education of Unit Supervisors and their Opinions Regarding the Acquisition of Professional Behaviors Prior to Graduation (Using the Chi Square Test)

4. Table 4: Relationships Between Years of Employment in Nursing Education and Nursing Practice of Faculty and Unit-based/Inservice Instructors and their Opinions Regarding the Acquisition of Professional Behaviors Prior to Graduation (Using the Chi Square Test)

Table 1

Relationships Between Educational, Professional and Demographic Variables of the Five Groups and their Opinions Regarding the Acquisition of Professional Behaviors Prior to Graduation

(Using the Chi Square Test)

Professional Behavior	Educational, Professional and Demographic Variables					
	Age	Years in Current Position	Employment Other than Nursing	Basic Nursing Education Program		
				Type	Country	Year Graduated
Expertise						
1. Using the nursing process effectively in the practice of nursing.	x^2=7.15 P =0.13 N =192	x^2=2.51 P =0.64 N =146	x^2=0.64 P =0.73 N =194	x^2=0.59 P =0.74 N =104	x^2=2.03 P =0.36 N =104	x^2=3.92 P =0.42 N =103
2. Utilizing theory as a basis for practice.	x^2=4.33 P = 0.36 N =194	x^2=2.73 P =0.60 N =148	x^2=2.71 P = 0.26 N =196	x^2=0.87 P =0.65 N =105	x^2=4.75 P =0.09 N =105	x^2=11.74 *P =0.02 N =104
3. Exhibiting competence in the performance of psychomotor skills.	x^2=7.62 *P =0.02 N =194	x^2=7.16 *P =0.03 N =148	x^2=0.26 P =0.61 N = 196	x^2=0.07 P =0.79 N =105	x^2=0.29 P =0.59 N =105	x^2=8.38 *P =0.02 N =104

Table 1 (continued)

Professional Behavior	Educational, Professional and Demographic Variables					
	Age	Years in Current Position	Employment Other than Nursing	Basic Nursing Education Program		
				Type	Country	Year Graduated
4. Utilizing educational opportunities for maintaining and expanding professional abilities.	x^2=0.78 P =0.94 N =194	x^2=4.20 P =0.38 N =148	x^2=0.68 P =0.71 N =196	x^2=1.39 P =0.50 N =105	x^2=3.38 P =0.18 N =105	x^2=5.74 P =0.22 N =104
5. Using interpersonal skills capably in communicating with clients, colleagues and other professionals.	x^2=2.70 P =0.61 N =194	x^2=1.80 P =0.41 N =148	x^2=0.84 P =0.66 N =196	x^2=0.28 P =0.60 N =105	x^2=3.08 P =0.08 N =105	x^2=0.61 P =0.74 N =104
6. Applying the research process effectively in nursing practice situations.	x^2=5.91 P =0.21 N =194	x^2=3.69 P =0.45 N =148	x^2=6.36 *P =0.04 N =196	x^2=0.58 P =0.75 N =105	x^2=1.30 P =0.52 N =105	x^2=1.33 P =0.86 N =104
Autonomy						
7. Basing decisions and interventions on professional judgement.	x^2=4.73 P =0.32 N =194	x^2=3.44 P =0.49 N =148	x^2=0.00 P =1.00 N =196	x^2=0.55 P =0.76 N =105	x^2=0.28 P =0.87 N =105	x^2=1.04 P =0.90 N =104

Table 1 (continued)

Professional Behavior	Educational, Professional and Demographic Variables					
	Age	Years in Current Position	Employment Other than Nursing	Basic Nursing Education Program: Type	Basic Nursing Education Program: Country	Basic Nursing Education Program: Year Graduated
8. Collaborating with peers in the provision of nursing care.	x^2=4.97 P =0.08 N =194	x^2=2.44 P =0.29 N =148	x^2=3.05 P =0.08 N =196	x^2=0.34 P =0.56 N =105	x^2=0.11 P =0.74 N =105	x^2=0.41 P =0.81 N =104
9. Participating in peer evaluation.	x^2=6.74 P =0.15 N =194	x^2=3.19 P =0.52 N =148	x^2=2.87 P =0.24 N =196	x^2=0.78 P =0.68 N =105	x^2=4.07 P =0.13 N =105	x^2=3.32 P =0.51 N =104
10. Accepting accountability for individual actions.	x^2=1.51 P =0.47 N =194	x^2=3.09 P =0.54 N =148	x^2=2.08 P =0.35 N =196	x^2=0.66 P =0.72 N =105	x^2=8.78 *P =0.01 N=105	x^2=5.88 P =0.21 N =104
11. Planning individualized client care.	x^2=2.27 P = 0.69 N =194	x^2=2.95 P =0.57 N =148	x^2=1.71 P =0.42 N =196	x^2=6.01 *P =0.05 N =105	x^2=3.10 P =0.21 N =105	x^2=1.26 P =0.87 N =104
12. Exhibiting knowledge of the legal requirements of nursing practice.	x^2=1.12 P =0.57 N =194	x^2=3.20 P =0.20 N =148	x^2=0.00 P =1.00 N =196	x^2=0.00 P =0.95 N =105	x^2=0.00 P =1.00 N =105	x^2=0.29 P =0.86 N =104

Table 1 (continued)

Professional Behavior	Educational, Professional and Demographic Variables					
	Age	Years in Current Position	Employment Other than Nursing	Basic Nursing Education Program: Type	Basic Nursing Education Program: Country	Basic Nursing Education Program: Year Graduated
Professional Commitment						
13. Participating in the formation of public policy which concerns health care.	x^2=6.62 P =0.16 N =194	x^2=7.00 P =0.14 N =148	x^2=5.67 P =0.06 N =196	x^2=1.82 P =0.40 N =105	x^2=10.10 *P =0.01 N =105	x^2=11.59 *P =0.02 N =104
14. Participating in the professional organization.	x^2=3.38 P = 0.50 N =194	x^2=4.15 P =0.39 N =148	x^2=3.61 P =0.16 N =196	x^2=3.89 P =0.14 N =105	x^2=2.42 P =0.30 N =105	x^2=4.87 P =0.30 N =104
15. Identifying specific professional goals for self.	x^2=0.55 P =0.97 N =193	x^2=2.79 P =0.59 N =147	x^2=2.29 P =0.32 N =195	x^2=6.07 *P =0.05 N =105	x^2=2.46 P =0.30 N =105	x^2=4.08 P =0.40 N =104
16. Exhibiting self direction for identifying learning experiences which will provide professional growth.	x^2=4.08 P =0.40 N =193	x^2=0.69 P =0.95 N =146	x^2=3.93 P =0.14 N =194	x^2=2.23 P =0.33 N =103	x^2=1.41 P =0.49 N =103	x^2=6.51 P =0.16 N =102

Table 1 (continued)

Professional Behavior	Educational, Professional and Demographic Variables					
	Age	Years in Current Position	Employment Other than Nursing	Basic Nursing Education Program		
				Type	Country	Year Graduated
17. Participating in the defining and upgrading of the standards of nursing practice and/or nursing education.	x^2=12.44 *P =0.01 N =194	x^2=4.02 P =0.40 N =148	x^2=1.16 P =0.56 N =196	x^2=4.99 P =0.08 N =105	x^2=6.52 *P =0.04 N =105	x^2=6.75 P =0.15 N =104
18. Reading professional journals on a regular basis.	x^2=22.28 *P =0.00 N =194	x^2=8.27 P =0.08 N =148	x^2=4.67 P =0.10 N =196	x^2=1.21 P =0.55 N =105	x^2=1.63 P =0.44 N =105	x^2=4.26 P =0.37 N =104
19. Sharing professional knowledge with others - publications, research, collaboration.	x^2=2.40 P =0.66 N =194	x^2=4.19 P =0.38 N =148	x^2=0.93 P =0.63 N =196	x^2=1.87 P =0.39 N =105	x^2=3.37 P =0.19 N =105	x^2=4.11 P =0.39 N =104
Responsibility to Society						
20. Accepting accountability for the legal/ethical standards of nursing practice.	x^2=3.48 P =0.48 N =194	x^2=2.91 P =0.57 N =148	x^2=5.75 P =0.06 N =196	x^2=4.43 P =0.11 N =105	x^2=0.52 P =0.77 N =105	x^2=3.82 P =0.43 N =104

Table 1 (continued)

Professional Behavior	Educational, Professional and Demographic Variables					
	Age	Years in Current Position	Employment Other than Nursing	Basic Nursing Education Program		
				Type	Country	Year Graduated
21. Collaborating with members of health professions and other citizens in promoting efforts to meet the health needs of society.	x^2=10.42 *P =0.03 N =194	x^2=3.21 P =0.52 N =148	x^2=5.23 P =0.07 N =196	x^2=3.37 P =0.19 N =105	x^2=3.18 P =0.20 N =105	x^2=1.77 P =0.78 N =104
22. Making professional judgements which are based on client needs.	x^2=4.96 P =0.29 N =194	x^2=1.72 P =0.79 N =148	x^2=5.58 P =0.06 N =196	x^2=2.13 P =0.35 N =105	x^2=0.56 P =0.76 N =105	x^2=5.71 P =0.22 N =104
23. Exhibiting advocacy for the health care consumer.	x^2=1.65 P =0.80 N =193	x^2=5.45 P =0.24 N =147	x^2=1.03 P =0.60 N =195	x^2=1.86 P =0.39 N =104	x^2=2.54 P =0.28 N =104	x^2=4.62 P =0.33 N =103
24. Showing consideration for the cost-benefit aspects of providing health care in terms of time, resources and energy.	x^2=2.68 P =0.61 N =194	x^2=4.20 P =0.38 N =148	x^2=3.57 P =0.17 N =196	x^2=3.77 P =0.15 N =105	x^2=1.06 P =0.59 N =105	x^2=1.10 P =0.89 N =104

Table 1 (continued)

Professional Behavior	Educational, Professional and Demographic Variables					
	Age	Years in Current Position	Employment Other than Nursing	Basic Nursing Education Program		
				Type	Country	Year Graduated
25. Encouraging clients to utilize their capacities to maximum potential.	x^2=9.09 P =0.06 N =194	x^2=6.39 P =0.17 N =148	x^2=2.58 P =0.27 N =196	x^2=2.36 P =0.31 N =105	x^2=0.89 P =0.64 N =105	x^2=9.79 *P =0.04 N =104

* Significant at the 0.05 Level

Table 2

Relationships Between Educational, Professional and Demographic Variables of the Five Groups and their Opinions Regarding the Acquisition of Professional Behaviors Prior to Graduation

(Using the Chi Square Test)

Professional Behavior	Educational, Professional and Demographic Variables						
	Highest Level of Nursing Education			Currently Pursuing Higher Education	Involvement in Nursing		
	Type	Country	Year Graduated		Continuing Education Activities	Committees	Research
Expertise							
1. Using the nursing process effectively in the practice of nursing.	x^2=0.74 P =0.69 N =95	x^2=1.30 P =0.52 N =104	x^2=2.91 P =0.57 N =103	x^2=0.37 P =0.83 N =143	x^2=8.50 P =0.20 N =192	x^2=5.71 P =0.46 N =193	x^2=10.31 P =0.11 N =192
2. Utilizing theory as a basis for practice.	x^2=3.41 P =0.18 N =95	x^2=3.04 P =0.22 N =105	x^2=9.98 *P =0.04 N =104	x^2=2.82 P =0.24 N =145	x^2=8.32 P =0.22 N =194	x^2=6.72 P =0.35 N =195	x^2=6.17 P =0.40 N =194
3. Exhibiting competence in the performance of psychomotor skills.	x^2=0.09 P =0.77 N =95	x^2=0.00 P =1.00 N =105	x^2=3.16 P =0.21 N =104	x^2=0.69 P =0.41 N =145	x^2=2.36 P =0.50 N =194	x^2=1.47 P =0.69 N =195	x^2=2.83 P =0.42 N =194

Table 2 (continued)

Professional Behavior	Educational, Professional and Demographic Variables						
	Highest Level of Nursing Education			Currently Pursuing Higher Education	Involvement in Nursing		
	Type	Country	Year Graduated		Continuing Education Activities	Committees	Research
4. Utilizing educational opportunities for maintaining and expanding professional abilities.	x^2=0.33 P =0.85 N =95	x^2=3.74 P =0.15 N =105	x^2=1.28 P =0.87 N =104	x^2=4.03 P =0.13 N =145	x^2=7.56 P =0.27 N =194	x^2=5.14 P =0.53 N =195	x^2=4.19 P =0.65 N =194
5. Using interpersonal skills capably in communicating with clients, colleagues and other professionals.	x^2=2.67 P =0.10 N =95	x^2=1.59 P =0.21 N =105	x^2=7.36 *P =0.03 N =104	x^2=0.09 P =0.76 N =145	x^2=5.32 P =0.50 N =194	x^2=7.23 P =0.30 N =195	x^2=15.64 *P =0.02 N =194
6. Applying the research process effectively in nursing practice situations.	x^2=5.88 P =0.06 N =95	x^2=1.62 P =0.45 N =105	x^2=9.77 *P =0.04 N =104	x^2=0.86 P =0.65 N =145	x^2=4.23 P =0.65 N =194	x^2=6.26 P =0.39 N =195	x^2=6.17 P =0.40 N =194
Autonomy 7. Basing decisions and interventions on professional judgement.	x^2=2.58 P =0.27 N =95	x^2=0.19 P =0.91 N =105	x^2=1.18 P =0.88 N =104	x^2=1.17 P =0.56 N =145	x^2=9.16 P =0.16 N =194	x^2=8.99 P =0.17 N =195	x^2=5.21 P =0.52 N =194

Table 2 (continued)

Professional Behavior	Educational, Professional and Demographic Variables						
	Highest Level of Nursing Education			Currently Pursuing Higher Education	Involvement in Nursing		
	Type	Country	Year Graduated		Continuing Education Activities	Committees	Research
8. Collaborating with peers in the provision of nursing care.	x^2=0.20 P =0.65 N =95	x^2=0.00 P =1.00 N =105	x^2=0.95 P =0.62 N =104	x^2=0.01 P =0.91 N =145	x^2=2.92 P =0.40 N =194	x^2=0.19 P =0.98 N =195	x^2=2.02 P =0.57 N =194
9. Participating in peer evaluation.	x^2=2.13 P =0.34 N =95	x^2=2.74 P =0.25 N =105	x^2=3.80 P =0.43 N =104	x^2=0.23 P =0.89 N =145	x^2=6.58 P =0.36 N =194	x^2=2.24 P =0.90 N =195	x^2=3.77 P =0.71 N =194
10. Accepting accountability for individual actions.	x^2=2.01 P =0.37 N =95	x^2=12.78 *P =0.00 N =105	x^2=5.20 P =0.27 N =104	x^2=4.91 P =0.09 N =145	x^2=7.72 P =0.26 N =194	x^2=8.12 P =0.23 N =195	x^2=5.21 P =0.52 N =194
11. Planning individualized client care.	x^2=4.09 P =0.13 N =95	x^2=1.16 P =0.56 N =105	x^2=4.82 P =0.31 N =104	x^2=1.21 P =0.55 N =145	x^2=5.24 P =0.51 N =194	x^2=2.79 P =0.83 N =195	x^2=4.95 P =0.55 N =194
12. Exhibiting knowledge of the legal requirements of nursing practice.	x^2=0.26 P =0.61 N =95	x^2=0.03 P =0.87 N =105	x^2=1.76 P =0.42 N =104	x^2=2.72 P =0.10 N =145	x^2=5.01 P =0.17 N =194	x^2=2.69 P =0.44 N =195	x^2=6.70 P =0.08 N =194

Table 2 (continued)

Professional Behavior	Educational, Professional and Demographic Variables						
	Highest Level of Nursing Education			Currently Pursuing Higher Education	Involvement in Nursing		
	Type	Country	Year Graduated		Continuing Education Activities	Committees	Research
Professional Commitment							
13. Participating in the formulation of public policy which concerns health care.	x^2=6.50 *P =0.04 N =95	x^2=15.71 *P =0.00 N =105	x^2=14.61 *P =0.01 N =104	x^2=0.18 P =0.91 N =145	x^2=3.96 P =0.68 N =194	x^2=17.26 *P =0.01 N =195	x^2=6.96 P =0.32 N =194
14. Participating in the professional organization	x^2=0.99 P =0.61 N =95	x^2=5.32 P =0.07 N =105	x^2=2.30 P =0.68 N =104	x^2=0.56 P =0.75 N =145	x^2=8.20 P =0.22 N =194	x^2=5.66 P =0.46 N =195	x^2=4.44 P =0.62 N =194
15. Identifying specific professional goals for self.	x^2=0.88 P =0.64 N =95	x^2=7.80 *P =0.02 N =105	x^2=5.44 P =0.24 N =104	x^2=0.27 P =0.87 N =144	x^2=1.30 P =0.97 N =193	x^2=5.23 P =0.52 N =194	x^2=2.96 P =0.81 N =193
16. Exhibiting self-direction for identifying learning experiences which will provide professional growth.	x^2=8.12 *P =0.02 N =94	x^2=0.31 P =0.86 N =103	x^2=5.02 P =0.29 N =102	x^2=0.85 P =0.66 N =143	x^2=2.33 P =0.89 N =192	x^2=9.84 P =0.13 N =193	x^2=6.13 P =0.41 N =192

Table 2 (continued)

Professional Behavior	Educational, Professional and Demographic Variables						
	Highest Level of Nursing Education			Currently Pursuing Higher Education	Involvement in Nursing		
	Type	Country	Year Graduated		Continuing Education Activities	Committees	Research
17. Participating in the defining and upgrading of the standards of nursing practice and/or nursing education.	x^2=1.32 P =0.52 N = 95	x^2=13.09 *P =0.00 N =105	x^2=4.62 P =0.32 N =104	x^2=0.75 P =0.69 N =145	x^2=2.13 P =0.91 N =194	x^2=8.99 P =0.17 N =195	x^2=2.64 P =0.85 N =194
18. Reading professional journals on a regular basis.	x^2 =1.43 P = 0.49 N =95	x^2=0.33 P =0.85 N =105	x^2 =2.97 P =0.56 N =104	x^2=0.34 P =0.84 N =145	x^2=3.29 P =0.77 N =194	x^2=14.75 *P =0.02 N =195	x^2=1.81 P =0.94 N =194
19. Sharing professional knowledge with others - publications, research, collaboration.	x^2=2.03 P =0.36 N =95	x^2=3.82 P =0.15 N =105	x^2=2.96 P =0.57 N =104	x^2=0.25 P =0.88 N =145	x^2=8.44 P =0.21 N =194	x^2=8.18 P =0.23 N =195	x^2=5.18 P =0.52 N =194
Responsibility to Society							
20. Accepting accountability for the legal/ethical standards of nursing practice.	x^2=1.83 P =0.40 N =95	x^2=0.09 P =0.96 N =105	x^2=2.10 P =0.72 N =104	x^2=2.75 P =0.25 N =145	x^2=6.25 P =0.40 N =194	x^2=7.93 P =0.24 N =195	x^2=6.17 P =0.40 N =194

Table 2 (continued)

Professional Behavior	Educational, Professional and Demographic Variables						
	Highest Level of Nursing Education			Currently Pursuing Higher Education	Involvement in Nursing		
	Type	Country	Year Graduated		Continuing Education Activities	Committees	Research
21. Collaborating with members of health professions and other citizens in promoting efforts to meet the health needs of society.	x^2=1.34 P =0.51 N =95	x^2=6.74 *P =0.03 N =105	x^2=1.14 P =0.89 N =104	x^2=0.38 P =0.83 N =145	x^2=5.80 P =0.45 N =194	x^2=2.76 P =0.84 N =195	x^2=11.35 P =0.09 N =194
22. Making professional judgements which are based on client needs.	x^2=11.50 *P =0.00 N =95	x^2=0.88 P =0.65 N =105	x^2=6.73 P =0.15 N =104	x^2=2.71 P =0.26 N =145	x^2=6.41 P =0.38 N =194	x^2=5.34 P =0.50 N =105	x^2=2.99 P =0.81 N =194
23. Exhibiting advocacy for the health care consumer.	x^2=11.45 *P =0.00 N =95	x^2=2.43 P =0.30 N =104	x^2=9.42 P =0.06 N =103	x^2=0.08 P =0.96 N =144	x^2=2.23 P =0.90 N =193	x^2=3.76 P =0.71 N =194	x^2=8.46 P =0.21 N =193
24. Showing consideration for the cost-benefit aspects providing health care in terms of time, resources and energey.	x^2=4.08 P =0.13 N =95	x^2=5.33 P =0.07 N =105	x^2=2.51 P =0.64 N =104	x^2=0.08 P =0.96 N =145	x^2=5.72 P =0.46 N =194	x^2=7.54 P =0.27 N =195	x^2=2.87 P =0.83 N =194

Table 2 (continued)

Professional Behavior	Educational, Professional and Demographic Variables						
	Highest Level of Nursing Education			Currently Pursuing Higher Education	Involvement in Nursing		
	Type	Country	Year Graduated		Continuing Education Activities	Committees	Research
25. Encouraging clients to utilize their capacities to maximum potential.	x^2=16.28 *P =0.00 N =95	x^2=1.60 P =0.45 N =105	x^2=12.22 *P =0.02 N =104	x^2=0.67 P =0.71 N =145	x^2=7.28 P =0.30 N =194	x^2=15.45 *P =0.02 N =195	x^2=2.03 P =0.92 N =194

* Significant at the 0.05 Level

Table 3

Relationship Between Years of Employment in Nursing Practice and Nursing Education of Unit Supervisors and their Opinions Regarding the Acquisition of Professional Behaviors Prior to Graduation

(Using the Chi Square Test)

Professional Behavior	Years in Nursing Practice	Years in Nursing Education
Expertise 1. Using the nursing process effectively in the practice of nursing.	x^2=1.42 P =0.70 N =44	x^2=0.00 P =1.00 N =36
2. Utilizing theory as a basis for practice.	x^2=5.13 P =0.16 N =45	x^2=2.80 P =0.09 N =37
3. Exhibiting competence in the performance of psychomotor skills.	x^2=2.10 P =0.55 N =45	x^2=0.00 P =0.98 N =37
4. Utilizing educational opportunities for maintaining and expanding professional abilities.	x^2=8.16 P =0.23 N =45	x^2=4.76 P =0.09 N =37
5. Using interpersonal skills capably in communicating with clients, colleagues and other professionals.	x^2=3.29 P =0.35 N =45	x^2=0.08 P =0.78 N =37

Table 3 (continued)

Professional Behavior	Years in Nursing Practice	Years in Nursing Education
6. Applying the research process effectively in nursing practice situations.	x^2=3.59 P =0.73 N =45	x^2=0.58 P =0.75 N =37
Autonomy		
7. Basing decisions and interventions on professional judgement.	x^2=2.79 P =0.42 N =45	x^2=1.26 P =0.26 N =37
8. Collaborating with peers in the provision of nursing care.	x^2=1.08 P =0.78 N =45	x^2=1.42 P =0.23 N =37
9. Participating in peer evaluation.	x^2=7.51 P =0.28 N =45	x^2=1.48 P =0.48 N =37
10. Accepting accountability for individual actions.	x^2=7.12 P =0.31 N =45	x^2=2.84 P =0.24 N =37

Table 3 (continued)

Professional Behavior	Years in Nursing Practice	Years in Nursing Education
11. Planning individualized care.	x^2=11.44 P =0.08 N =45	x^2=4.43 P =0.11 N =37
12. Exhibiting knowledge of the legal requirements of nursing practice.	x^2=1.45 P =0.69 N =45	x^2=0.15 P =0.70 N =37
Professional Commitment 13. Participating in the formation of public policy which concerns health care.	x^2=7.06 P =0.32 N =45	x^2=6.11 *P =0.05 N =37
14. Participating in the professional organization.	x^2=3.37 P =0.76 N =45	x^2=5.20 P =0.07 N =37
15. Identifying specific professional goals for self.	x^2=4.72 P =0.58 N =45	x^2=1.54 P =0.46 N =37

Table 3 (continued)

Professional Behavior	Years in Nursing Practice	Years in Nursing Education
16. Exhibiting self-direction for identifying learning experiences which will provide professional growth.	x^2=1.65 P =0.95 N =43	x^2=5.47 P =0.06 N =35
17. Participating in the defining and upgrading of the standards of nursing practice and/or nursing education.	x^2=3.47 P =0.75 N =45	x^2=13.24 *P =0.00 N =37
18. Reading professional journals on a regular basis.	x^2=5.31 P =0.50 N =45	x^2=0.98 P =0.32 N =37
19. Sharing professional knowledge with others - publications, research, collaboration.	x^2=7.56 P =0.27 N =45	x^2=4.79 P =0.09 N =37
Responsibility to Society 20. Accepting accountability for the legal/ethical standards of nursing practice.	x^2=1.86 P =0.60 N =45	x^2=0.02 P =0.88 N =37

Table 3 (continued)

Professional Behavior	Years in Nursing Practice	Years in Nursing Education
21. Collaborating with members of health professions and other citizens in promoting efforts to meet the health needs of society.	x^2=4.58 P =0.60 N =45	x^2=5.21 P =0.07 N =37
22. Making professional judgements which are based on client needs.	x^2=7.55 P =0.27 N =45	x^2=0.86 P =0.65 N =37
23. Exhibiting advocacy for the health care consumer.	x^2=14.64 *P =0.02 N =44	x^2=0.83 P =0.66 N =36
24. Showing consideration for the cost-benefit aspects of providing health care in terms of time, resources and energy.	x^2=6.99 P =0.32 N =45	x^2=0.91 P =0.64 N =37
25. Encouraging clients to utilize their capacities to maximum potential.	x^2=4.47 P =0.22 N =45	x^2=0.38 P =0.54 N =37

* Significant at the 0.05 Level

Table 4

Relationship Between Years of Employment in Nursing Education and Nursing Practice of Faculty and Unit-based/Inservice Instructors and their Opinions Regarding the Acquisition of Professional Behaviors Prior to Graduation

(Using the Chi Square Test)

Professional Behavior	Years in Nursing Education	Years in Nursing Practice
Expertise		
1. Using the nursing process effectively in the practice of nursing.	x^2=1.54 P =0.82 N =59	x^2=1.89 P =0.76 N =60
2. Utilizing theory as a basis for practice.	x^2=3.66 P =0.45 N =59	x^2=2.47 P =0.65 N =60
3. Exhibiting competence in the performance of psychomotor skills.	x^2=4.54 P =0.10 N =59	x^2=1.91 P =0.38 N =60
4. Utilizing educational opportunities for maintaining and expanding professional abilities.	x^2=1.47 P =0.83 N =59	x^2=8.62 P =0.07 N =60

Table 4 (continued)

Professional Behavior	Years in Nursing Education	Years in Nursing Practice
5. Using interpersonal skills capably in communicating with clients, colleagues and other professionals.	x^2=0.58 P =0.75 N =59	x^2=0.44 P =0.80 N =60
6. Applying the research process effectively in nursing practice situations.	x^2=4.66 P =0.32 N =59	x^2=3.95 P =0.41 N =60
Autonomy		
7. Basing decisions and interventions on professional judgement.	x^2=2.17 P =0.70 N =59	x^2=2.33 P =0.68 N =60
8. Collaborating with peers in the provision of nursing care.	x^2=0.54 P =0.76 N =59	x^2=3.94 P =0.14 N =60
9. Participating in peer evaluation.	x^2=2.59 P =0.63 N =59	x^2=3.94 P =0.41 N =60

Table 4 (continued)

Professional Behavior	Years in Nursing Education	Years in Nursing Practice
10. Accepting accountability for individual actions.	x^2=2.82 P =0.24 N =59	x^2=0.60 P =0.74 N =60
11. Planning individualized care.	x^2=3.98 P =0.41 N =59	x^2=4.08 P =0.40 N =60
12. Exhibiting knowledge of the legal requirements of nursing practice.	x^2=3.30 P =0.19 N =59	x^2=0.50 P =0.78 N =60
Professional Commitment 13. Participating in the formation of public policy which concerns health care.	x^2=4.55 P =0.34 N =59	x^2=2.01 P =0.73 N =60
14. Participating in the professional organization.	x^2=3.89 P =0.42 N =59	x^2=7.36 P =0.12 N =60

Table 4 (continued)

Professional Behavior	Years in Nursing Education	Years in Nursing Practice
15. Identifying specific professional goals for self.	x^2=4.20 P =0.38 N =59	x^2=4.88 P =0.30 N =60
16. Exhibiting self-direction for identifying learning experiences which will provide professional growth.	x^2=0.04 P =0.98 N =59	x^2=1.32 P =0.57 N =60
17. Participating in the defining and upgrading of the standards of nursing practice and/or nursing education.	x^2=3.16 P =0.53 N =59	x^2=6.07 P =0.19 N =60
18. Reading professional journals on a regular basis.	x^2=9.34 P =0.06 N =59	x^2=3.63 P =0.46 N =60
19. Sharing professional knowledge with others - publications, research, collaboration.	x^2=5.52 P =0.24 N =59	x^2=2.43 P =0.66 N =60

Table 4 (continued)

Professional Behavior	Years in Nursing Education	Years in Nursing Practice
Responsibility to Society		
20. Accepting accountability for the legal/ethical standards of nursing practice.	x^2=2.33 P =0.68 N =59	x^2=1.51 P =0.83 N =60
21. Collaborating with members of health professions and other citizens in promoting efforts to meet the health needs of society.	x^2=0.95 P =0.92 N =59	x^2=0.55 P =0.97 N =60
22. Making professional judgements which are based on client needs.	x^2=3.81 P =0.43 N =59	x^2=7.02 P =0.13 N =60
23. Exhibiting advocacy for the health care consumer.	x^2=2.06 P =0.73 N =59	x^2=3.78 P =0.44 N =60
24. Showing consideration for the cost-benefit aspects of providing health care in terms of time, resources and energy.	x^2=1.86 P =0.76 N =59	x^2=5.24 P =0.26 N =60

Table 4 (continued)

Professional Behavior	Years in Nursing Education	Years in Nursing Practice
25. Encouraging clients to utilize their capacities to maximum potential.	x^2=2.71 P =0.61 N =59	x^2=2.36 P =0.67 N =60

* Significant at the 0.05 Level